BANKITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TIÓN is very important. See instructions on back of certificate.

PHYSICIANS should state

of OCCUPA-

Exact statement

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STATE	OF	MARVI	AND-	CERTIFIC	CA	TF	OF	DE	ATH
SIMIL	UL	MAKIL	AIND.	CENTIL	\smile \cap	L	OI		711

113787

1. PLACE OF DEATH	73-2
County treolerick	Registration Dist. No. 13
Village or City Frederick	No. 326 Welley Jeres St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 27 yrs. 2 mos.	ds How long in U.S. if of foreign birth?
2. FULL NAME Sastie R. aldre	idge.
(a) Residence: No. 326 W College Lenace	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	
Remale While 5. SINGLE, MARRIED, WIDOWED, OB DIVORCED (write the word)	21. DATE OF DEATH Africal 4 (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of Cor) WIFE of David C. albridge	22. I HEREBY CERTIFY That I attended decessed from
6. DATE OF BIRTH (month, day, and yeer) 1-31-1875	l last san her alive on after 2 , 1957; death is said
7. AGE Years Months Deys II LESS than	to have occurred on the date stated above, at
59 2 3 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATII and releted causes of importance were as tellows:
8. Trade, profession, or perticuler kind of work done, es SPINNER Conserved SAWYER, BOOKKEEPER, etc.	Coronary Throughus 4 april.
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at this occupation (month and company).	•
10. Date decessed last worked at this occupation (month and after page 11. Total time (years) spent in this occupation 30 -	
12. BIRTHPLACE (city or town) Frederick M.f. (State or country)	Other Contributary Causes of importence: Chiseus Mysecardita 1929
13. NAME Benjamin W. Durall	
13. NAME Dengain W. Durall 14. BIRTHPLACE (city or town)	Name of operation
(Stete or country)	Whet test confirmed diegnosis? Wes there an eulopsy?.Uo
15. MAIDEN NAME funa lichelberger 16. BIRTHPLACE (city or town)	23. If deeth wes due to externel ceuses (VIOLENCE) fill In elso the following:
O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Const C. aldridge	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address \$ 26 Welley Junace, Frederick My	
18. BURIAL, CREMATION, OR REMOVAL My Clinic Cernely	Manner of Injury
9 1 -	Nature of injury
19. UNDERTAKER Starry Carly (Address) Frederick, Mis	24. Was disease or injury In any wey releted to occupation of deceased?
20. FILE to afr. 1934 Am Lewis Registrar.	(Signed) Aller D. (Address) Andleres M.)
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of death and related causes. Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	rilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 A 19 5 19 5	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory ca	uses of importance:	2	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

)	m of infor-	nould state	OCCUPA-		
)	RD. Every ite	YSICIANS SI	statement of		
DATE	NENT RECO	CTLY. PH	sified. Exact		
LOW DIND	IS A PERMA	stated EXA	properly class	ertificate.	
A COLUMNIC PROPERTY AND LEGIS PRINCIPAL OF THE PROPERTY OF THE	IG INK-THIS	GE should be	that it may be 1	ons on back of c	
ATTOM OF	TITH UNFADIN	ully supplied.	plain terms, so	t. See instruction	
(N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	
	Z.	-	-	-	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03788
1. PLACE OF DEATH	
county Tredericks.	Registration Dist. No. / 3 /
Village or City Monterne Hospital	" mareting habit
	death occurred in a hospital or institution, give it NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Baly Barries	rot gramed
(a) Residence: No. Frederick	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Open (Month) (Day) (Yadr)
5a. If married, widewood, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) THE of	22. I HEREBY CERTIFY. That I attended deceased from 3, 1934, to april 4, 1934
6. DATE OF BIRTH (month, day, and year) Quil 3, 1934	Hast saw h Lian alive on april 3 1934 death is said
7. AGE Years Months Days I If LESS than	to have occurred on the date stated above, at 12.2.m.
0 8 0 1-day, 10-hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ale los lases and
SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as STINNER, SAWMILL, BANK, etc. 10. Date deceased last worked at this occupation (work) and the state of the state	The state of the s
work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Date deceased last worked at this occupation (month and spart in this occupation occupation	
201.	Othar Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or gountry)	
5 13, NAME RIGHT Wals Com. H	
=	
[14. BIRTHPLACE (city or town) March Carry (Stata or country)	Name of operation Date of
# 15. MAIDEN NAME RUTH Bannes	What test confirmed diagnosis? Was there an au'opsy?
E STATE OF THE STA	23. If death was due to extarnal causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) ULANY (State or country)	Accident, suicide, or homicide? Data of injury, 19
	(Specify city or town, county and State)
17. INFORMANT James Work Tree & Ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Withthe Shriety Data Doub le, 193 4	Nature of Injury
19. UNDERTAKER James, a. Junes Sunt. (Address) Morlemo Hopotal Se J. R. Will	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILEDO-afr., 1934 Ifmlus	(Signed) 13.0. There M.D. (Address) Funderick 2nd
If more blanks are needed address Seets Paris	N. Cl. J. C B. L. B. Cl. C. N.

15 more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of coset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Walter V. S.	13		
Other contributory causes of importance:	(2)	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND

V. S. No. 1.

2FULL NAME Daving A, Belcher PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIEO. MARR	County	CERTIFICAT	E OF DEATH
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 4 COLOR OR RACE 5 STNGTE MARRIED, MAR	0	Registration	Dist. No. /36
3 SEX			tion, give its NAME i
AGE Color	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
17 I HEREBY CERTIFY. That I attended the deceased of the state of the	2 Of MARRIED, WHOWED, OR DIVORSED	4-	/- , 1934
a occupation B	July 29 , 1878	17 I HEREBY CERTIFY, That I a	ttended the deceased M
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) B BIRTHPLACE (State or country) TO NAME OF FATHER (State or country) TO NAME OF FATHER (State or country) TO MANGEN NAME OF MOTHER (State or country) TO MANGEN NAME OF MOTHER (State or country) TO MANGEN NAME OF MOTHER (State or country) TO MANGEN NAME OF MOTHER (State or country) TO MOTHER (State or country)	I day hrs	The CAUSE OF DEATH * was as follows:	d above, at 9,459 n
Signed Contributory Secondary Contributory Secondary Contributory State or country Whether A 2 1934 (Address) Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether A 2 1934 (Address) Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether A 2 1934 (Address) Death, or, in deaths from Content and Content	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in		
11 BIRTHPLACE OF FATHER (State or country) MA Gornery Co. Ind *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) MA 13 BIRTHPLACE OF MOTHER (State or country) MA 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) Au Bell (Address) Aucewell Solvey Place of Burial or Removal (Address) Date of Burial Chileson Date of Burial	9 BIRTHPLACE (State or country) Frederick Co., md	Secondary (Duration)	yred
OF MOTHER & mma 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Ru Bell (Address) At place of death yrs	OF FATHER (State or country) Md Gornery Co. ma	*State the Disease Causing Death Violent Causes, state (1) Means of	
(Informant) Ru Bell (Address) Amewell Ebrueyell Ebrueyell Ebrueye Geach? (Address) Amewell Ebrueyell Ebrueye Geach?	OF MOTHER 6mma 1 13 BIRTHPLACE OF MOTHER MA	ients or Recent Residents) At place In the of deathyrsmosds.	ie.
(Address) ancewell Ebneyes april 4. 193;	n h a/	if not at place of dea.h?	DATE OF BUILDING
		Ebneyes	april 4. 1934

Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

Every item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANEN FOR BINDING UNFADING INK--THIS ARGIN RESERVED

PLACE OF DEATH

Filed afri 2 1934 -

No. 1 Ø. WRITE

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(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness (f various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automabile Juctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e.g., Farmer or Plonter, or given up on account of the DISEASE CAUSING DEATH Housemoid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emwhatever, write None. business, that fact may be indicated thus; Former (re-For many occupations a yrs). For persons who have no occupation Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Doy Compositor, Stationary fireman, etc. But in many Archilect, single word or term on Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma, "PUERPERAL septicacmia," "PUERPERAL peritonitis, "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid approved tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n:ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on " "Marasmus, " "Old Age, " "Shock," Chronic etc. The contributory valvulor heart Nomenclature of the necd disease; not be etc., of

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanency filed.

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STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH Registration Dist. No. / should If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? PHYSICIAN CORD. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and yeer) to have occurred on the date stated above, at & 31/4 m 7. AGE Months If LESS than The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ... back . Industry or business in which may should work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et 11, Total time (years) this occupation (month end spent in this occupation. instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (Stata or country) ain terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) be carefully What test confirmed diagnosis?_____ Was there an autopsy?_4. very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? _____ Date of injury____ 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE mation should OF Manner of injury CAUSE Nature of injury LION 19. UNDERTAKER (Address) If so, specify Regist far. If more clanks are needed, address Stage Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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AX	1
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03791
1. PLACE OF DEATH	
county The dericle	Registration Dist. No. 13/
Village or City Monteurse tospital	No monterne broketal St. Ward
(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds. How long In U.S. if ol foreign birth?yrsmosds.
2. FULL NAME John 10 oull	0
(a) Residence: No. (Usual place of abode)	St., Ward. MROMM.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male Colved OR DIVORCED (write the word)	(Month) (Oay) (Year)
Sa. If merriad, widowad, or divorcad HUSBAND of	
(or) WIFE of Williams	22. I HEREBY CERTIFY. That I attended dacaesed from March 27, 1934, to Opril 2, 1934
6. DATE OF BIRTH (month, day, and year) Unlever	Hast saw blum alive on April / 1927 death is said
7. AGE Years. 7 Months Days If LESS than	to have occurred on the data stated above, at 1.30.Qm.
unkon or min.	The PRINCIPAL CAUSE OF DEATH end ralated causas of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
SAWYER, BOOKKEEPER, etc.	
work was dona, as SILK MILL, SAW MILL, BANK, etc	Maralyers Mar 27
10 Nate deceased last worked at	
this occupation (north and spent in this occupation)	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town)	Control Control of the Property Canada
(State or country)	
13. NAME	
(14. BIRTHPLACE (city or town) (State or country)	Name of operation
I 15. MAIOEN NAME	What tast confirmed diagnosis? Was there an au'opsy?
	23. If death was due to extarnel causas (VIOLENCE) fill In also the following:
E (State or country)	Accidant, suicide, or homicide? Oate of injury, 19
17. INFORMANT James a Jones Sunt.	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Morten tost, Tre dende 1111	
18. BURIAL, CREMATION, OR REMOVALO	Mannar of injury
Place Worldwise Centry Oate april 3, 1974	Nature of injury
19. UNDERTAKER James a. Jones Supt.	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED Leftel, 1984 and mcCurly	(Signed) Palata M. O.
Registrar. If more blanks are needed, address State Project or	(Andrass)
, addies significant	-41. Country Street, Dattimore, Requesting 'O. S. 140, 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.--The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of coset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF M	IARYLAND-	-CERTIFICATE OF DEATH	037
1. PLACE OF DEATH		<u> </u>	- /
county Ire dench		Registration Dist. No./	[8]
Village or City Moutenue H	vapilal	No montecure brotheting	_st.,w
Length of residence in city or town where death occur	*	If death occurred in a horpital or institution, give its NAME instead of the control of the cont	
2. FULL NAME Baley B			
(a) Residence: No.	Fiedb	St/. Ward.	
	sual place of abode)	If nonresident give city or	Iown and State
PERSONAL AND STATISTICAL I	PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
	DIVORCED (write the word)	21. DATE OF DEATH April 5 (Month) (Day)	, 193 /
5a. If married, indowed, or divorced			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(or) WIFE of		22. I HEREBY CERTIFY, That I	
6. DATE OF BIRTH (month, day, and year) Oh	1 I 193H	f fast saw n alive on	
	Days if LESS then	to heve occurred on the date stated above, et 2 7 m.	, 1000000, 000000
	1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related ceuses of Import were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER,			Date of or
SAWYER, BOOKKEEPER, etc.		Still born	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
10. Dato deceesed last worked et	1. Total time (years)		
this occupation (month end year)	spent in this occupetion		
12. BIRTHPLACE (city or town) Waryla	ul	Other Coutributory Causes of importence:	
(State or country)			
14. BIRTHPLACE (city or town). Wary	ie		
14. BIRTHPLACE (city or town) Wary	land	Name of operation	Dete of
(Stete of country)	P	What test confirmed diagnosis? Was	there en eu'opsy?
15. MAIDEN NAME Madeline J 16. BIRTHPLACE (city or town) Manyl (State or country)	wompson	23. If death was due to external causes (VIOLENCE) fill in elso the	
O 16. BIRTHPLACE (city or town) Many	and	Accident, suicide, or homicide? Dete of injur	гу, 19
(State of County)) V	Where did injury occur? (Specify city or town, count	y aud State)
17. INFORMANT CAMES CONTRACTOR (Address)	acht will	Specify whether injury occurred in fNDUSTRY, in HOME, or In Pi	UBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	A de la	Manner of injury	***************************************
Place M. Milime Slinely Date	april 6 , 1934	Nature of injury	
19. UNDERTAKER Vances Q. Janes	a Sent.	24. Was diseese or injury in eny way related to occupation of deci	eased? 20
(Address) Wouldene Holital	Tredik my	if so, specify	
20. FILEBO- afer 1934 April	ned	(Signed) 120 Hors	200
	Registrar.	(Address)	The ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II	
cause of death and related causes were as follows:	Date of onset
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eet car	1 week ago
	3 days ago
utory causes of importance:	
	1 year
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	D	hou	OF	Vel	
	N. B.—WRITE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	
	WR	atic	AU	ION	
v. 5. No. 1	1	m	C	H	
ů	. B		1	F	1
>	Z		1	-	

Length of residence in city or town where death occurred wrs	STATE OF MARYLAND—	CERTIFICATE OF DEATH 03793
Village or City State Sand Ward Length of residence in city or town where death occurred O. yrs	1. PLACE OF DEATH	2.3
Village or City. At a to Control of the Applied in minimation, give in NAME inneed of street and number) Length of residence in Gly or town where death occurred. D. vs. 4. mos. 35. How long in U. S. If of foreign birth? yrs. mos. 35. How long in U. S. If of foreign birth? yrs. mos. 35. How long in U. S. If of foreign birth? yrs. mos. 35. How long in U. S. If of foreign birth? yrs. mos. 35. How long in U. S. If of foreign birth? yrs. mos. 35. How long in U. S. If of foreign birth? yrs. mos. 36. How long in U. S. If of foreign birth? yrs. mos. 36. How long in U. S. If of foreign birth? yrs. mos. 36. How long in U. S. If of foreign birth? yrs. mos. 36. How long in U. S. If of foreign birth? yrs. mos. 36. How long in U. S. If of foreign birth? yrs. mos. 36. How long in U. S. If of foreign birth? yrs. mos. 36. How long in U. S. If of foreign birth? yrs. mos. 36. How long in U. S. If of foreign birth? yrs. mos. 36. How long in U. S. If of foreign birth? yrs. mos. 37. How long in U. S. If of foreign birth? yrs. mos. 38. How long in U. S. If of foreign birth? yrs. mos. 38. How long in U. S. If of foreign birth? yrs. mos. 38. How long in U. S. If of foreign birth? yrs. mos. 38. How long in U. S. If of foreign birth? yrs. mos. 38. How long in U. S. If of foreign birth? yrs. mos. 38. How long in U. S. If of foreign birth? yrs. mos. 38. How long in U. S. If of foreign birth? yrs. mos. 38. How long in U. S. If of foreign birth? yrs. mos. 38. How long in U. S. If of foreign birth? yrs. mos. 38. How long in U. S. If of foreign birth? yrs. mos. 38. How long in U. S. If of foreign birth? yrs. mos. 38. How long in U. S. If of foreign birth? yrs. mos. 38. How long in U. S. If of foreign birth? yrs. mos. 38. How long in U. S. If of foreign birth? yrs. how long is a life. Yrs. mos. 38. How long in U. S. If of foreign birth? yrs. how long is a life. Yrs. how l	County Frederick	Registration Dist. No. 139
Length of residence in cityor town where death occurred. D. yrs		St. Ward
(a) Residence: No. 1 ARYLAND TUBERCULOSIS SANATORIUM Ward. 2 al.	Length of residence in city or town where death occurred	
PERSONAL AND STATISTICAL PARTICULARS 3, SEX 4. COLOR DR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 21. DATE OF DEATH 3. SEX 4. COLOR DR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 22. I HER EBY CERT (FY. That I alteraged decased from the State saw h. L. alter saw h. L. alteraged decased from the State saw h. L. alter saw h. L. alter saw on L. J. T. m. 3. Trade, profession, or particular saw honths 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 22. I HER EBY CERT (FY. That I alteraged decased from the State saw h. L. alter s	2. FULL NAME Laura a. Brou	
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word) S. HI married widowed, or divorced White of which or divorced (or) wife of Month Days II LESS than 1 day, hrs. Tade, profession, or particular Rind of work done as SPINNER, SAWTER, BOOKEEPER, etc. S. HITCH CALLES OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance Were as follows: Date of mortance: 11. Total line (years) Somethin this procession (month and years) What lest confirmed diagnosts: CLOTH X AUG. State or country) The REPRICIPAL CAUSE OF DEATH and related causes of importance Other Cestribetery Causes of Importance: Date of mortance: Date of mortance: 12. BIRTHPLACE (city or town). Name of operation What lest confirmed diagnosts: CLOTH X AUG. State or country) To Hornmann Aug. 13. NAME 14. BIRTHPLACE (city or town). Name of operation What lest confirmed diagnosts: CLOTH X AUG. State or country) To Hornmann Aug. 15. MAIDEN NAME 16. BIRTHPLACE (city or town). Name of operation What lest confirmed diagnosts: CLOTH X AUG. What lest confirmed diagnosts: CLOTH X Date of injury. What lest confirmed diagnosts: CLOTH X Date of injury. To Hornmann Aug. 17. INFORMANN AUG. State or country) To HORNMANN AUG. Date of injury. Name of operation What lest confirmed diagnosts: CLOTH X Date of injury. Where did injury occur? Specify whether injury occurred in INDUSTRY, in MONE, or in PUBLIC PLACE. Aug. Aug. Manner of injury. Name of injury in any way related to occupation of deceased? Manner of injury. Nature of injury in any way related to occupation of deceased? Manner of injury. Nature of injury in any way related to occupation of deceased? Manner of injury. Nature of injury in any way related to occupation of deceased? Manner of injury. Nature of injury. Nature of injury in any way related to occupation of deceased? Manner of injury. Nature of injury.	(a) Residence: No. 923 Washington Blv	the contract of the contract o
So. If married, widowed, or divorced Husband widowed, or divorced Washington, or particular wind or work done, as SPINNER, SAWTR, BOOKKEERER, etc. 8. Trade, profession, or particular wind of work done, as SPINNER, SAWTR, BOOKKEERER, etc. 9. Industry or business in which was done, as SPINNER, SAWTR, BOOKKEERER, etc. 10. Date decessed last worked at this exception (month and work and as SIX MILL, SAW MILL, BARK, etc. 10. Date decessed last worked at this exception (month and work and as SIX MILL) 11. Introduction with an analysis was a spin with the secondary of the country with the secondary of the country with the secondary of the secondary was done, as SIX MILL, SAW MILL, BARK, etc. 12. BIRTHPLACE (city or town) was and six with the secondary of the country with the secondary of the secondary of the secondary was decessed as secondary with the secondary of the secondary	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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E. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS than 1 day	(or) WIFE of	TA THE THE PARTY OF THE PARTY O
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Where did injury occur? 17. INFORMANT AWA A. Brund Ballima 18. BURIAL, CREMATION, OR REMOVAL Place O al w. Ma. Date whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury Nature of Injury 19. UNDERTAKER M. L. Columnation of deceased? 18. Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury 19. UNDERTAKER M. L. Columnation of deceased? 18. Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury 24. Was disease or injury in any way related to occupation of deceased? 18. Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (State of County of County of County occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (State of County occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (State of County occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (State of County occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (State of County occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (State of County occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (State of County occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (State of County occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (State of County occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (State of County occ	(State or country)	What test confirmed diagnosis? Chest X ray + finas there an au'opsy? W
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17. INFORMAND CAUTE AND Specify whether injury occurred in INDUSTRY, in HOME, of in PUBLIC PLACE. (Address) 9 2 3 Washing ton Blood. Ballo ma 18. BURIAL, CREMATION, OR REMOVAL Place O alto Ma. Date white the injury. 19. UNDERTAKER M. L. Couge 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER M. L. Couge 24. Was disease or injury in any way related to occupation of deceased? 16. So, specify (Signed) Manner of injury in any way related to occupation of deceased? 17. INFORMAND CAUTE AND SPECIFICATION OF INDUSTRY, in HOME, of in PUBLIC PLACE. (Address) 9 2 3 Washing ton Blood. Ballo ma. (Address) The Couge 24. Was disease or injury in any way related to occupation of deceased? (Signed) Manner of injury in any way related to occupation of deceased? (Signed) Manner of injury in any way related to occupation of deceased? (Signed) Manner of injury in any way related to occupation of deceased? (Signed) Manner of injury in any way related to occupation of deceased? (Signed) Manner of injury in any way related to occupation of deceased?	(State or country)	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place VO alto: VMa. Date Influence 19. UNDERTAKER VM. L. Couge (Address) Thursday Manner of injury 24. Was disease or injury in any way related to occupation of deceased? 25. FILED H. 4, 19. (Signed) L. War disease or injury in any way related to occupation of deceased? (Signed) L. War disease or injury in any way related to occupation of deceased? Manner of injury Nature of Injury (Signed) L. War disease or injury in any way related to occupation of deceased? Manner of injury Nature of Injury (Signed) L. War disease or injury in any way related to occupation of deceased? Manner of injury Nature of Injury (Signed) L. War disease or injury in any way related to occupation of deceased? Manner of injury Nature of Injury Nature of Injury 19. UNDERTAKER VM. L. Couge (Address) Thursday M. D. War disease or injury in any way related to occupation of deceased? Manner of injury Nature of Injury 19. UNDERTAKER VM. L. Couge (Address) Thursday M. D. War disease or injury in any way related to occupation of deceased? Manner of injury 19. UNDERTAKER VM. L. Couge (Address) Thursday M. D. War disease or injury in any way related to occupation of deceased? Manner of injury Nature of Injury 19. UNDERTAKER VM. L. Couge (Address) Thursday M. D. War disease or injury in any way related to occupation of deceased? Manner of injury 19. UNDERTAKER VM. L. Couge 19. UNDERTAKE	17. INFORMAND aura a. YSwun	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Vo alto: Md: Date Minute of Injury 19. UNDERTAKER M: L: Creage 24. Was disease or injury in any way related to occupation of deceased? NV 20. FILED H: M, 19. (Signed) L. War A. M. D. M		
19. UNDERTAKER M. L. Colouge 24. Was disease or injury in any way related to occupation of deceased? No (Address) Thursday M. D. (Signed) Liwart & Maffer M. D.		Manner of injury
(Address) Thursday Md. 20. FILED (Signed) Liver Shaffer M. D	Priace 1 C C C C Date Will Will Will Will Will Will Will Wil	Nature of Injury
20. FILED 4 19 (Signed) Alward Snaffer M. p		
20. FILED	(nouless)	1 101.55
Reguster. (Address) - Lutt / Ama / M		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	il	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

OCCUPA-

Jo

Exact statement

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

19. UNDERTAKER

20. FILEO MA

(Addrass)

-WRITE PLAINLY,

V. S. No. 1

STATE (OF MARYLAND-	-CERTIFICATE OF DEATH 03794
1. PLACE OF DEATH		0000
County Frederic	da	Registration Dist. No. 14/
11	rench	
	(No. St., Ward leath occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where	deeth occurredyrsmc	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jame ox	ebecca Capun	0
(a) Residence No.		St., Ward.
PERSONAL AND STATIST	(Usual place of abode)	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
for 1 1 dit	OR DIVORCED (write tha word)	Well 00 193 4
5a. If married, widowed, or divorced	Dirge	(Month) (Oay) (Year)
HUSBAND of (or) WIFE of		22 I HEREBY CERTIFY, That i attended deceased from
2	100:	1934, 1934
6. OATE OF BIRTH (month, day, and year)	ney 9 1931	I last saw h alive on
7. AGE Years Months	Oays if LESS than	to have occurred on the date stated above, at(gfim,
2 11	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		7
SAWYER, BOOKKEEPER, etc		word y reacy req
work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month end year)	11. Total time (yaars) spent in this occupation	
12. BIRTHPLACE (city or town) Inf	1	Other Contributary Causes of importance:
(State or country)	101 - 2	
13. NAME Unkengun	llegilimate	
14. BIRTHPLACE (city or town)		Name of oparation Date of
(State or country)	A 1.	Whet tast confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Yeva may	Capino	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	met	Accident, suicide, or homicide? Oate of injury, 19
(State or country)	1.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT TONG May Ca	june 1	Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	ese me	Manner of Injury
Place Brunswick	Date May 2 , 1934	Manner of injury
A / / / / /		made of mjuly

Registrar. (Addrass) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If so, specify

(Signed)

24. Was diseasa or injury in any way galated to

occupation

of daceasad?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage ' E C E I V E D II	July 5,1927	Peritonitis	3 days ago
MAY 8 1924			
Other contributory causes of importance:	im mana	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-4

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03	795
1. PLACE OF DEATH	82-06	
County Frederick	Registration Dist. No. / 2/:	
Village or City Monterce Hassetal	Notronteine fratital St.	Ward
	death occurred in a horpital or institution, size its NAME instead of street and number of the last the street and number of the last the	
(a) Residence: No. A redución Co. Ma (Usual place of abode)	tylandind. If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Leurale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH april (Month) (Day)	193 (Year)
5a. If married, widewed, or divorced HUSBAND of (or) WIFE of Sungle	22. October 17, 1931, to april 14	eceased from
6. DATE OF BIRTH (month, day, and year) March 25-1861	I last saw her alive on april 14 , 1934.	death is said
7. AGE 73 Years Months - 2/ Days If LESS than 1 day,hrs. ormin.	to have occurred on the date steted above, at 5.4.50 m. The PRINCIPAL CAUSE OF DEATH and related courses of Importance were as follows:	
8 Trade profession or particular	Onland Edward	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	4	
10. Dato deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 55440		
12. BIRTHPLACE (city or town) Maryland	Othor Contributory Causes of importance:	193)
# 13. NAME Jerome Corex	1/200 65	., 3 /
13. NAME Schoole Cover 14. BIRTHPLACE (city or town). Maryland (Stote or country)	Neme of operation Dele of	7.
	What test confirmed diagnosis?	
15. MAIDEN NAME Pelecca 6 lem 16. BIRTHPLACE (city or town) Maryland (State or country)	23. If death was due to external courses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? Where did injury occur?	
17. INFORMANT James a Jones Suft - (Address) Montenu Joshifal Fradrick ma	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA) CE.
18. BURIAL, CREMATION, OR REMOVAL Place Titus Gem. Date april 16, 1934	Manner of injury	
19. UNDERTAKER G. W. Wright Md	24. Was disease or injury in any way related to occupation of deceased?	20
20. FILED Safe 1984 Symbol Registrar.	(Signed) 18. C. Harris (Address) 2 C. Harris	M. D.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUKE	1-13		
Land Control of the C			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Sweet, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
150				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	Y I	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 03797
1. PLACE OF DEATH	
County Fredrick " 1 de cos Man manual antes	Registration Dist. No. / 3 / ·
Village or City Trederick	ND. 107 Purke St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 4yrs	
2. FULL NAME Sarah Elizabeth C	risk
(a) Residence: No. 107 Suite Field	croits Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SMGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH,
Junole Which OR DIVORCED (vorite the word)	(Month) (Day) (Year)
5a. If married, in dowed, or divorced HUSBAND of	22. / VHEREBY CERTIFY. That I attended deceased from
(or) THE Clied	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) tuly 20-1929	I last sawn _ Q alive on _ A
7. AGE Yaars Month's Days If LESS than	to have occurred on the date stated above, at Q - 2 m.
4 8 27 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Date of enset
SAWYER, BODKKEEPER, etc.	Those Africa
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	1 / Walle Brus
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation.	1939
711	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	The said of the
	DIMIN HAMMEN I WHE
13. NAME Edga Chesterrisk 14. BIRTHPLACE (city or town) Frederick	No. of the second secon
(State or country)	Name of operation
15. MAIDEN NAME Pauline H. Traces	What test confirmed diagnosis?
15. MAIDEN NAME Pauline H. Tracey 16. BIRTHPLACE (city or town) Freduice	Accident, suicida, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT Mis. Chester Cris & (Address) Frederick mil	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place per oliver leve Date 7/ 8 , 1934	Nature of injury
19. UNDERTAKER 6-E. Coline Hon (Address) Freduce red.	24. Was disease or injury In any way related to occupation of deceased?
20. FILEDI & aferil 1924 Doa J meliny Registrar.	(Signed) Hanh Ale M. D. (Address) M. D.
	2411 N. Charles Street, Baltimore, Requesting V. SNAN AMUNICAL

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
S Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	



	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	tate	PA.	
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	tem	shou	0 4	
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	RITI	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
4	-W	mat	CAI	1
1 . C. T. C. T	B.	-	-	
:	Z	1.	7-	4

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	102-3
County Tredericks.	Registration Dist. No. 147
Village or City Mt. Cericy	Np. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
	46 ds. How long In U.S. if of foreign birth? yrs. mos, ds.
A. FOLL MAINE	
(a) Residence: No. Mt. Cuty Was (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Finale While OR DIVORCED (write the word)	Upril = 18 = 193 f.
5a. If marriad, widowed, or divorcad HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
101.4	1934, to april 18, 1934
6. DATE OF BIRTH (month, day, and year) / 934-2-28 7. AGE Years Months Days If LESS than	I last saw h alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
2 Trade profession or positivales	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.	T. Benefit
9. Industry or business in which	Claus colements
Kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and	Gronetro Pheumonea 4/16/34
year) occupation	Other Coutributory Causes of importance;
12. BIRTHPLACE (city or town) mt Ging , Same	Cities Court Service of Importance.
(State or country) Many Copied,	
13. NAME Halter Co. Day Laff 14. BIRTHPLACE (city or town) Factorisk Koo, (State or country)	
14. BIRTHPLACE (city or town) tacker fisher than	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?ho
16. BIRTHPLACE (city or town) Landy Lao.	23. If death was dua to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Carrolly Coo. (State or country) Many Laure	Accident, suicide, or homicide? Date of Injury, 19
- (State of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Walter Co. Dayloff	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Mt. Ciry . [72]	
Place ocust nove Cembato afer, 19-1934	Manner of Injury
6 m M. st -1	Nature of injury
19. UNDERTAKER O. M. S. Full V	24. Was disease or injury In any way related to occupation of deceased?
01 111 6 0 11 0211 6	(Signed) Johanney Fall M. D.
20. FILED THE O, 196 4 Michiely Mollicing Soul Registrar.	(Address Milaw med
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	li li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1 PAGE ALI V. S.	i i			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

state

of OCCUPA.

OCCUPATION

FATHER

MOTHER

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1	U	0	6	J	9	7

1. PLACE OF DEATH		<u></u>	2		
County Frederick			Registration	n Dist. No. 14	4./
Village or CityBrunswick		No. 402 Brideath occurred in a horpital	or institution, give its NAN		
			o.o.n or rorough barenta		V3000200004 W44
2. FULL NAME Timothy G. Donos (a) Residence: No. 402 Brun swick, (Usual place of		K. Mid. BrdVard.	If nonreside	nt give city or town and	l State
PERSONAL AND STATISTICAL PARTIC			AL CERTIFICAT		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARK	RIFD, WIDOWED, O (write the word)	21. DATE OF DE	ATH Thil	- NN	, 193. 4-
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christina Donovan		22. HER	EBY CERTII	FY That attended	deceased from
6. DATE OF BIRTH (month, day, and year) apr 20	1878	I last saw h_1_M aliv	e on Chris	19.2	Heath is said
7. AGE Years Months Days	If LESS than	to have occurred on the d	. /	84 LWW	
66 0 12	l day,hrs.	The PRINCIPAL CAUSE were as follows:	OF DEATH and related ca	uses of Importance	Date of onset
Sawyer, Bookkeeper, etc	eer.	milial	- Sold	reins	Unknow
	me (years) ht in this pation48	Other Contribatory Cause	of importance of on	is the same	Vikuon
12. BIRTHPLACE (city or town) Sandy Hook, M. (State or country)	d	acute	Myrende	Jus	10-days
13. NAME Timothy G. Donovan.		acusta	Mille	ulis-	120ay
13. NAME Timothy G. Donovan. 14. BIRTHPLACE (city or town) Ireland (State or country)		Name of operationY. What test confirmed diag	nosis? while	Date of	au'opsy?
15. MAIDEN NAME Tulia Shull	ln	23. If death was due to ext	ternal causes (VIOLENCE)	fill in also the followin	g:
15. MAIDEN NAME Julia Mirring 16. BIRTHPLACE (city or town) (State or country)	ia.	Accident, suicide, or hom Where did injury occur?.	ichde?		
17. INFORMANT JOSS S. DOLLEY.	20146	Specify whether injury or	courred in INDUSTRY, in	or town, county and Sta HOME, or In PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	0010 51	Manner of injury			
Place Petersville, MdDete Apr	,26 th, 34	Nature of Injury			
19. UNDERTAKER STEENSURS	mil	If so, specify	n any way related to occ	pation of deceased?	Mo
20. FILED afr. 26. 1934 Mrs. b. A.	lordy la	(Signed)	BO CLAR	Va your	M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
1915	Attack of cpilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis ·	3 days ago	
5.			
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of cpilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

stated EXACTLY. PHYSICIANS should state

Exact statement

properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

of OCCUPA-

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	3800
1. PLACE OF DEATH		
county Frederick	Registration Dist. No. 144)
Village or City Troutvelle	No. St.	Ward
(1)	death occurred in a hospital or institution, give its NAME instead of street and n	umber)
Length of residence in city or own where death occurred yrs	ds. How long in U.S. if of foreign birth?yrsmo:	sds.
2. FULL NAME delice may to		
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	4/
or Divorced (write the word)	(Month) (Day)	193 (Year)
5a. If married, widowed, or diversed HUSBAND of		
(or) WIFE of Fra Ealow	22. HEREBY CERTIFY, That I ettended d	
6. DATE OF BIRTH (month, day, end year) may 15, 1884	Hast saw har alive on aprel 10 1934	death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated bove, at 100-m.	
49 10 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanco were as follows:	District
8 Trade profession or particular		Date of onset
kind of work done, es SPINNER, foresework	Careenowa of Ulerus	1932
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	<i>D</i>	*******
U 10. Date deceased last worked at		
this occupation (month end of 1934 spent in this year)		<u> </u>
12. BIRTHPLACE (city or town) here had been	Other Contributory Causes of importance:	tel
(State or country) maryland	General Carcinomocloris	1934
13. NAME John a Ledwidge		
14. BIRTHALACE (city or town) near home of the country)	Name of operation Dete of	
(State of Country)	What test confirmed diagnosis? Was there an au	topsy?
15. MAIDEN NAME Margaret and Trout 16. BIRTHPLACE (city or town). May to destroy (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:	the H
5 16. BIRTHPLACE (city or town). Many Carry (State or country)	Accident, suicide, or homicide? Date of Injury	, 19
hand of country)	Where dld Injury occur?)
17. INFORMANT MAS Region Reliant	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Madsbord Date Upul 14,1934	Nature of Injury	
19. UNDERTAKER M. L. Cerengther House	24. Was disease or injury In any way releted to occupation of deceased?	
(Address) Thursday Md	If so, specify	
20 FILED 1/14 1934 TP Proceed -	(Signed) Medical Willer	M. D.
Registrat.	(Address) Delour Md	

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Example I	13	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date-of onset
Arteriosclerosis	1915.	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	~ 1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	3 - 1 - 1
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH VONFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	graff .
County Frederick	Registration Dist. No.
Village or City Fredorick	No. 16 treat 6 th St St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Harry & Esterly	
	desico Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO, OR DIVORCED (write the word) married	21. DATE OF DEATH April (Month) (Day) (Year)
5e. If merried, widowed or divorced HUSBANO of (or) WIFE of Georganna Esterly	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, dey, and year)	I last sew h elive on, 19; deeth is said
7. AGE Yeers Months Deys If LESS than 1 dey,	to heve occurred on the date stated above, et. 41. 457 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede profession or particular	Angina Pretorio Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 1. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed lest worked et this occupation (month and	
yeer) 932 occupation A42 12. BIRTHPLACE (city or town) Frederich	Other Contributory Causes of importance: Note: Found sheet as hed.
(Stete or country) 2 13. NAME Phillips Esterly	
14. BIRTHPLACE (city or town) I sederist	Neme of operation Dete of
(State or country)	Whet test confirmed diegnosis? Wes there en eu'opsy? La
15. MAIDEN NAME Sarah Wasman	23. if death wes due to externel causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Sarah Wasman 16. BIRTHPLACE (city or town) I redesicle (State or country)	Accident, suicide, or homicide?
17. INFORMANT MIN GROZGERMA Sterly (Address) 16 W. 6 th St. Frederich md	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mt Dlanet Cus Oate april 16, 1934	Manner of injury
19. UNDERTAKER A. M. Snyder (Address) mt airy and.	24. Wes disease or Injury In any way related to occupation of deceased? 40
20. FILED LY-afr, 134 Imclandy Registrar.	(Signed) Le A. Lysone M.O. (Address) La Surine Brief
If more blanks are needed, address State Registrar.	1 - Gentle - Grand

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(11)

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of is		County_
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Ever MAN Mer		. FULL N
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RE r. Exa	3.	SEX MA
G. F.	_	111
RESERVED FOR BINDING NG INK—THIS IS A PERMANENT AGE should be stated EXACTLY that it may be properly classified. lons on back of certificate.	58.	HUSBAND o (or) WIFE o
BIN ERN EX cl	6.	DATE OF BIRT
FOR IS A P stated properlice	7	AGE
IIS IS be still be be proof cer	Z	8. Trade, pr
VEI THI ild b ay b	OCCUPATION	kind (SAW) 9, Industry
ER K— houl t ma	CUP	SAW SAW
SES IN GE S Hat in on its on	ő	10. Data dec this o year)
	12.	BIRTHPLACE (Stata or o
NEZ NFZ pplie prms insti	HER	13. NAME
RGIN TH UNFADI IS supplied. Iain terms, so See instruct	FATHER	14. BIRTHPL
WI full n pl	HER	15. MAIDEN
-WRITE PLAINLY, WIT mation should be carefull CAUSE OF DEATH in pl	MOTHER	16. BIRTHPL/ (State
LAINLY, uld be car. DEATH ry imports	17.	INFORMANT . (Address)
Short OF	18.	BURIAL, CRES
RIT ion USE		Place
N. B.—WRITE mation sh CAUSE 0	19.	UNDERTAKER (Address)
N. B.	20.	FILED . apr.

TEST CONTRA	STATE (OF MARY	LAND-	CERTIFICATE OF	DEATH ()	1802
1. PLACE O	F DEATH			108)		
County	Gredere	R		Re	egistration Dist. No.	1
Village or	City Bru	isurio	h	No.	St.,	Ward
Length of res	sidence in city or town where	death occurred	(I) yrsmos	f death occurred in a hospital or institution, gi	ve its NAME instead of street and r gn birth?man	number)
	20 0	10	9.	O. O.	Ru partutArs	os as.
2. FULL NA		s. Urbu	ur pa	Wille.		
(a) Resider	nce: No.	(Usual place of	f abode)	St.,Ward. ::	f nonresident give city or town and	State
PERSON	NAL AND STATIST	ICAL PARTIC	CULARS		IFICATE OF DEATH	
3. SEX M	4. COLOR OR RACE	5. SINGLE, MARR OR DIVORCED	IED, WIDOWED, (write tha word)	21. DATE OF DEATH	£ 5	, 193 (Year)
5a. If married, widow HUSBAND of	wed, or divorced			22. I HEREBY CE	ERTIFY, That Lattended	Danasad from
(or) WIFE of				april 3 19.9	4. to Bassal	F. 19 JU
6. DATE OF BIRTH	(month, day, and year)	uc 8th	1932	I last saw ham alive on	180 5 , 1950 M	; death is said
7. AGE Ye	ars Months	Days	If LESS than	to have occurred on the date stated abov		
	/ /	127	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and wera as follows:	ralated causes of Importance	Date of onset
8. Trade, profe	ession, or particular work dona, as SPINNER,			PA		
SAWYER 9. Industry or	R, BOOKKEEPER, etc business in which		***************************************	Lobor Preu	monne	
kind of SAWYER 9. Industry or Work wa SAW MI	business in which as done, as SILK MILL, LL, BANK, etc					
10. Data decease this occur	sed last worked at upation (month and		ne (years) in this nation			
12. BIRTHPLACE (c		markel	u	Other Coutributory Causes of importence		
	An access	Zu D.C.)_		***************************************	
Ē (74	tucce				
14. BIRTHPLAC	r country)	-	***************************************	Name of operation		
15. MAIDEN NA	AME CUL	· mars		What test confirmed diagnosis? 23. If death was due to external causes (V		
	E (city or town)	d		Accident, suicide, or homicide?		
17. INFORMANT (Address) /	Janua 70	u Ble	ek.		ecify city or town, county and State STRY, in HOME, or In PUBLIC PLA	CE.
18. BURIAL, CREMA	TION, OR REMOVAL	Date	7, 19.7 F	Manner of Injury		
19. UNDERTAKER (Address)	C. H. 72	ch ty	X	24. Was disease or injury in any wey rela		
20. FILED Apr.	7 1934 mm	My S.	Half so. Registrar.	(Signad) Hellean (Address) Brees	selinger &	Rech D.
	If more	blanks are needed, add	dress State Registrar.	2411 N. Charles Street, Baltimore, Requestion		

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Example I	Committee or down	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	13		
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

9
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Par

A. A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 03803
state UPA	1. PLACE OF DEATH '	ki-a
of Lld	County Frederick	Registration Dist. No. 134
should f OCC	Village or City Sumulaling	No. St., Ward
it o		death occurred in a horpital or institution, give its NAME instead of street and number) 2 2 ds. How long in U.S. If of foreign birth?
RD. Every YSICIANS statement	2. FULL NAME Kicker of Share	d Fit see a
RD. F YSIC state	(a) Residence: No.	St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
PH. xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y. Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 4- 27-
T L ed.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
RMANEN X A C T classified	HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) Que, 5- 1933	I last saw h alive on 4-26- 134; death is seid
PE d E srly cate	7. AGE Years Months Days if LESS than	to have occurred on the date stated above, et 2 A m.
IS A PE stated E properly certificate	- 9 2 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as tollows:
20	8 Trade profession or particular	Por on che prusure or 110 4-6-34
HIS be be of	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	meringatis - 4-19-34
should it may n back	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et 11. Total time (years)	0
Sh sh	10. Date deceased last worked et this occupation (month end spent in this	
(T)	year) occupation	Other Contributory Causes of importance:
NFADING oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town)	malmitition sureal months ago
AI ed.	(State or country)	7
	13. NAME allen Titgersed	
	14. BIRTHPLACE (city or town) (1) Willers	Name of operation Date of Date of
Tild .	(State of Country)	What test confirmed diagnosis? Plus and exact Was there an au'opsy? no
W refu in ant	15. MAIDEN NAME Vaouri Phueel	23. If death was due to external causes (VIOLENCE) fill in also the following:
car TH TH	16. BIRTHPLACE (city or town). A complete (State or country)	Accident, suicide, or homicide?
EA PE	100 7'4 0	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
Should be carefu OF DEATH in j	17. INFORMANT Cultury of Grand Control of Charles	Specify whether injury occurred in INDUSTRY, in NUME, of in Public PEACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
SE	Place Turntshing hed Date affr. 28, 1934	Nature of injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER Wind: Shuff J.	24. Was disease or injury in any way related to occupation of deceased? 200
I E O E	(Address) Sumitables rul	If so, specify
	20. FILE CAPARZY 1934 M. F. Shell	(Signed) W.R. Caste M.D.
4(1)	Focul Registrar.	(Address) Zumfoly, M.J.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstilial nephritis	1921	Run over by street car	1 week ago
Cerebrat hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gustroenteritis	1 year

should state

1. PLACE OF DEATH	LAND		1380
County Frederick	4. The Oliver	Registration Dist. No. 12/	
Village or City Frederick	A NEWSTRANDS	100 F 3 nd	14/-
village of City / Colored	# CONTRACTOR	death occurred in a hospital or institution, give its NAME instead of street and i	number)
Length of residence in city or town where death occurred	Zyrs 8 mos	ds. How long in U.S. If of foreign birth?yrsm	
2. FULL NAME China M	y fel	ood	
(a) Residence: No. 200 E gm	Fred	ester Ward.	
(Usual place of	abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4. COLOR OR RACE 5. SINGLE, MARR	(write the word)	21. DATE OF DEATH	
Tremale White Rin		aluce (Month) (Day)	, 193 4 (Year)
a. If morted, widowed, or diverced HUSDAND of		(month)	(Teal)
(or) WIFE of		22. HEREBY CERTIFY. That, I attended	0
11. 5	1663	Jarry 3 1 , 1934 10 affect no	, 195
DATE OF BIRTH (month, day, and year) 12 - 3 -	1882		; death is s
. AGE Years Months Days	If LESS than I day,hrs.	to have occurred on the date stated above, at 10.30 Am.	
91 10 11	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of on
8. Trado, profession, or particular kind of work done, as SPINNER.		Profession develous	AM.
kind of work done, as SPINNER, Religion SAWYER, BDDKKEEPER, etc.	cous	and and the state of the	Mac
9. Industry or business in which work was done, es SILK MILL, Conve	1-		3000
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 5. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this securation (month and		/ weculords	134
	e (years) in this 32		
mi- 1		Other Contributory Causes of Importance:	
2. BfRTHPLACE (city or town) Country)	mel		
1 7 1 7			
13. NAME Thancis tilo	09		
13. NAME Francis Filo 14. BIRTHPLACE (city or town)		Name of operation	
(State or country)	9	What test confirmed diagnosis?	utopsy?.?
15. MAIDEN NAME Mary Kears	rey	23. If death was due to external causes (VIOLENCE) fill in also the following	:
16. BIRTHPLACE (city or town). Par		Accident, suicide, or homicide? Date of injury	19
(State or country)		Where did Injury occur?	
7. INFORMANT Visilation Convent	Record	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.
(Address) Frederick mg			
8. BURIAL, CREMATION, OR REMOVAL Gentation Com	vent-Carrel	Manner of injury	
Place Mysellick Mysale 4-	2, 19.3.5	Nature of Injury	
9. UNDERTAKER Hanny & Can	hi-	24. Was disease or injury In any way related to occupation of deceased?	200
(Address)	he	If so, specify	
1 al received	2 1	(Signed) Wir Ceaufal Whesen	M
10. FILED 4 lightle, 1924 Goa f Ane	Registyer.	(Address) Fredh Mil	
		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I	Table State	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
L. Andrewson and Control of the Cont			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			F92' E



STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	* 1	C	18	4	0
В	3	13	17	Т)
1.	1	-	0		

1. PLACE OF DEATH	<u> </u>
County Heredenel.	Registration Dist. No. 144
Village or City hr Thurmond	NoSt., Ward
(1	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Still form premate	ne unfamt- orally
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO,	21. DATE OF DEATH
OR DIVORCEO (write the word)	Wall 16" 198 4
5a. If merried, widowed, or divorced	(Month) (Day) (Yéar)
HUSBANO of	22. I HEREBY CERTIFY, Thet I attended daceesed from
0/11/	
6. DATE OF BIRTH (month, day, and yeer) Well 1/2" 1934	I lest saw n alive on
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 3
0 0 1 d 1 day, Ohrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were es follows:
8. Trede, profession, or particular	primative vice
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work wes done, as SILK MILL,	
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Oata daceased last worked at this occupation (month end	-
O this occupation (month end spant in this occupation coupation	
110 Thurword M.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	The gradening a works of by
13. NAME Bonston Htrah	- Starra Corage
E	Name of operation Deta of
(Stata or country)	Name of operation Deta of Whet test confirmed diagnosis? Was there en autopsyl-
	23. If deeth was due to external causes (VIOL ENCE) fill in elso the following:
	Accident, suicida, or homicide?
(Stete or country)	Whera did injury occur?
a H Weel	(Specify city or town, county and State)
17. INFORMANT 12. 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL	Manner of Injury
Place Thurmond Detelpril 17, 1934	Nature of Injury
A N. A. A. Arthor	24. Was diseesa or injury in eny way related to occupetion of decaasad?
19. UNOERTAKER (Address)	If so, specify
ab: 17 34 11 211 Ones	(Signed) Marris Moule M.D.
20. FILEO Registrar.	(Address)

V. S. No. 1

mation should be carefully supplied.

TION is very important.

N. B.-WRITE PLAINLY, WITH

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BURGAU VAR			
Other contributory causes of importance:		Other contributory causes of importance:	100
Gallstanes	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	STATE OF MARYLAND	CERTIFICATE OF DEATH 0380
1. P	LACE OF DEATH	943
(County treatment	Registration Dist. No. /2/:
1	Village or City Frederick	Notatel trederick Room #11 St., Wa
	Length of residence in city or town where death occurredyrsmo	If death occurred in a hospital or institution, give its NAME instead of street and number) s
	The state of the s	5 us. How long in 0.5.11 of folding bittin:
2. F	TULL NAME Thank of hay	un
((a) Residence: No. Washington De	St., Ward.
	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
s. SEX	A. COLOR OR RACE S, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
10	ORDIYORCED (mile the word)	april 23 193 4
W	The Wine Molowed	(Month) (Day) (Year)
HU	parried, widowed, or divorced	22. OVHEREBY CERTIFY. Het A attended deceased for
(01	r) WIFE of Conference	Uprel 2 3 19 34,0, Maril 2 3,19
. DATE	E OF BIRTH (month, day, and year) 11-28-1844	I last saw in mi Theland april 2319 34 death is s
. AGE	Years Months Days If LESS than	to have occurred on the date stated above, at 4 12 m
	69 4 23 1 day, hrs.	THE I KINCHAL CAUSE OF DEATH and related causes of thingstraine
1 8.	Trade profession or particular DA / Ana	were as roband him dead Date of on
10.	SAWYER, BOOKKEEPER, etc.	on floor in room
9.	Industry or business in which work was done, as SILK MILL,	
	SAW MILL, BANK, etc.	
3 10.	Date deceased last worked at this occupation (month and spent In (the spen	
1-26	year) occupation	Other Contributory Causes of importance:
	THPLACE (city or town) frederica	Al The
	(State or country)	- Total succes
	NAME /	ormary occusion
14.	BIRTHPLACE (city or town) Andrew	Name of operation Y Date of X
-	(State or country)	What test confirmed diagnosis?
15.	MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16.	BIRTHPLACE (city or town) Linknown	Accident, suicide, or homicide?
E	(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INF	Mys Mary Wolford	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Billy Wynnewood Velham Manor M	¥
8. BUR	RIAL, CREMATION OR REMOVAL SO OL'127 74	Manner of injury
	Place Makington De Date Jul 4/1935	Nature of injury.
19 JIND	DERTAKER Hanny E Carly	24. Was disease or injury in any way related to occupation of declared?
	(Address) Freelerich My	If so, specify Y of m on I
20 EU F	ED 24 april 134 and melinel	(Signed) // Smill on
ZU, TILL	Registry.	(Address) J. D. S. Male Man

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance:	The principal cause of death and related causes of importance were as follows:	Date of onset		Date of onset
Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance:	Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Other contributory causes of importance: Other contributory causes of importance:	Chronic interstitial nephritis CEIVED	1921	Run over by street car	1 week ago
	Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	MAY 5 1884			
Gallstones May 1,1923 Gastroenteritis 1 year	And the second s			
	Gallstones	May 1,1923	Gastroenteritis	1 year

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RGIN	TARAD
	WITH WINEADING
	AINI,Y.

N. B.—WRITE PL

V. S. No. 1

See It married, witdowed, or divorced Warried to word of the word	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City Thear Johnswille. (If death occurred in a hopital or insistation, give in NAME instead of street and number) Length of residence in city or fown where death occurred. (If death occurred in a hopital or insistation, give in NAME instead of street and number) 2. FULL NAME ALAMAL AMA SAME ALAMAL AMA SAME AND STATISTICAL PARTICULARS 3. SEX 4. COOR OR RACE OR WORKED SAME OF DEATH OR WORKED SAME OF DEATH AND SAME OF DEATH OF DEATH OR WORKED SAME OF DEATH AND SAME OF DEATH OF DEATH OR WORKED SAME OF DEATH AND SAME OF DEATH OF DEATH OR WORKED SAME OF DEATH AND SAME OF DEATH OF DEATH OR WORKED SAME OF DEATH AND SAME OF DEATH OF DEATH OR WORKED SAME OF DEATH AND SAME OF DEATH OF DEATH OR WORK WAS CORD AS SILK MILL, WORK WAS CORD AS SILK MILL, WORK WAS CORD AS SILK MILL, OR WORKED SAME OF DEATH AND SAME OF DEATH OF D	1. PLACE OF DEATH	92:00
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(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usualplace of abodo) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S. III married, widowed, or divorced or widowed, or widowed, or divorced or widow	00 1.0	ds. How long in U.S. if of foreign birth/yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCIE, MARRIED, WIDOWED, OR DIVORCED (**princ* the word) The PRINCIPLA CAUSE OF DEATH 2. DATE OF DEATH 2. I HER EBY CERT IFY. That I attended decapsed from the date stated above, at. 3. 4. m. 19.3. 4. death is said to have occurred on the date stated above, at. 3. 4. m. 2. Interpretation or particular works at worker at the properties of the date stated above, at. 3. 4. m. 2. Interpretation or particular works at the properties of the date stated above, at. 3. 4. m. 2. Interpretation or particular works at the properties of the date stated above, at. 3. 4. m. 2. Interpretation or particular works at the properties of the date stated above, at. 3. 4. m. 2. Interpretation or particular works at the properties of the date stated above, at. 3. 4. m. 2. Interpretation or particular works at the properties of the date stated above, at. 3. 4. m. 2. Interpretation or particular works at the properties of the date stated above, at. 3. 4. m. 2. Interpretation or particular works at the properties of the date stated above, at. 3. 4. m. 2. Interpretation or particular works at the properties of the date stated above, at. 3. 4. m. 2. Interpretation or particular works at the properties of the properties of the date stated above, at. 3. 4. m. 2. Interpretation or particular works at the properties of the pro	2. FULL NAME Blanche Umna	Garver
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22. 1 HEREBY CERTIFY. That I attended deceased from JUSPANDO OF WIFE of Just Annual Control of the Act of State of Country) 23. 11 HEREBY CERTIFY. That I attended deceased from Justine Miles of the Act of State of Country) 24. 12 Justine Months 25. DATE OF BIRTH (month, day, and year) 26. DATE OF BIRTH (month, day, and year) 27. AGE 28. Trade, profession, or particular find of work done, as SPINNER, for min. 29. It LESS than I day. It also occurred on the date stated above, at James Am. In the Act of the Act of States of Country or business in which work was done, as SPINNER, states of Importance were as follows: 29. It death was done as SPINNER, states of Importance: 20. It death was done of the Act of States of Importance: 21. BIRTHPLACE (city or town) 22. It death was due to external causes (VIOLENCE) fill in also the following: 29. Action of Country) 20. BIRTHPLACE (city or town) 20. It death was due to external causes (VIOLENCE) fill in also the following: 20. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 20. FILEOUTH J. 13 J.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	Uhr, 23 1934
6. DATE OF BIRTH (month, day, and year) May of 1884 7. AGE Years Months Days If LESS than 1 day,	5a. If married, widowed, or divorced	/ (Month) (Day) (Year)
5. DATE OF BIRTH (month, day, and year) May 2 58 4 last saw h. 2. alive on	(or) WIFE of John W. Garver	
1 day	6. DATE OF BIRTH (month, day, and year) May 12. 1884	
8. Trade, profession, or particular handless of particular handless of constant and	//	
Reported to occupation of particular kind of work done, as SPINNER, MOUNTAINER SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BAKK, etc. 10. Oata deceased last worked at spent of the spent		wore as follows:
Other Contributory Causes of importance: Other Contributory Causes of i	8. Trade, profession, or particular	(P)
Other Contributory Causes of importance: Other Contributory Causes of i	SAWYER, BOOKKEEPER, etc. Wousewife	
Other Contributory Causes of importance: Other Contributory Causes of i	work was done, as SILK MILL, SAW MILL, BANK, etc.	
12. BIRTHPLACE (city or town) (State or country) 13. NAME Mashington Biddings 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Neture of injury Neture of injury 19. UNOERTAKER (Address) 19. Was disease or injury in any way related to occupation of deceesed? 16. Specify (Signed) M. D.	Spant in this	
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Place Marie Chapter Date 7 23 4934 Neture of injury 24. Was disease or injury in any way related to occupation of deceased? (Address) Walkerswiffe 2006 (Signed) O. Stults M. D. M. D. (Signed) O. Stults M. D.	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
19. UNOERTAKER 4. White the second of deceased? 19. UNOERTAKER 4. Was disease or injury in any way related to occupation of deceased? 19. O. FILED 19. O. Stully 19. O. St		<i>V</i>
20. FILEDAMY 25, 1934 77 Darfman (Signed) 6 a. Stielts M. D.	19. UNOERTAKER 4: W. Wright	24. Was disease or injury in any wey related to occupation of deceesed? 22
Registrar. (Address) Woods from Ma	20. FILEDALY 25 1934 7 Darsman	(Signed) 6 a Stult
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DUREAU	-15		
Other contributory causes of importance:		Other contributory causes of importance:	正是是
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH CNFADING INK—THIS IS A PERMANENT I mation should be carefully supplied. AGE should be stated EXACTLY.	RGIN RESERVED FOR BINDING	NG INK-THIS IS A PERMANENT I	mation should be carefully supplied. AGE should be stated EXACTLY.
V. B.—WRITE PLAINLY, mation should be ca	RGIN	WITH CNEAD	refully supplied.
	. 3. Ivo. 1	V. B.—WRITE PLAINLY,	mation should be ca

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03809
1. PLACE OF DEATH	(0)
County Frederick	Registration Dist. No. 138
(1	No. Regge College Sandanie St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	s. 26ds. How long in V.S. If ol loreign birth?yrsmosds.
2. FULL NAME Mary E. Gladder	
(a) Residence: No. 291a Grantly Rest (Usual place of abode)	St., Ward. Ballsusu Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (price the word)	21. DATE OF DEATH 4 - 24 - 193 4 (Month) (Day) (Year)
5a. If merried, widowed, or divorced	
(or) WIFE of Henry L. Gladden	22. I HEREBY CERTIFY, That I attended deceased from
	July 28 - 1929, to april 24 - 1934
6. DATE OF BIRTH (month, day, and year) 6 - 14 - 1873 7. AGE Years Months Days If LESS than	1 lest saw here elive on a fresh 24
60 10 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, Kouseurfu	Cembral Of of legy 4-24-1934
9. Industry or business in which work wes done, as SILK MILL, Hauseless dulin SAW MILL, BANK, etc.	The state of the s
10. Dato deceased last worked et this occupation (month end year)	,
12. BIRTHPLACE (city or town) Baltimase Miss. (State or country)	Other Contributory Causes of importance: - Revolutional Melanchalea 7-28-1929
8 1 mm 2 0 0 0	Recut Cilateral lobas
E January Date of the second	June 4-16-1834
Y 14. BIRTHPLACE (city or town) Calling (State or country)	Name of operation Dete of Monal
15. MAIDEN NAME Lyda O, Berryerace	What test confirmed diagnosis? Was There an au'opsy?
16. BIRTHPLACE (city or fown) - See Asses - Constant (State or country)	Accident, suicide, or homicide?
17. INFORMANT Grayson Gladden (Son) (Address) 2910 Grant Rd - Balting MA	(Specify city or town, county and State) Specily whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 1	Manner ol injury
19. UNDERTAKER Berry may & Sma. (Address) Reve trak town my.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 4-24, 1934 Lucian 9. Falsomo Registrar.	(Signed) Large H. Rigg M. D. (Address) Sjansville & Wearyland
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	mple I		Example II	
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	100A	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	6	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DUDEAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		L		

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03810
County Frederich	Registration Dist. No. 140
Village or City & Gare	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
(a) Residence: No Le La Consultation (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOD ON RAGE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (warfe the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH April - 19 (Pay) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from Cofrail 9- 1934, to 9/15-19 1934
6. DATE OF BIRTH (month, day, and year), from 1-1933	I last saw h see alive on afrac 18 , 1934; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at. S. A.m.
	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Markes They
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Date deceased last worked at this occupation (month end year) occupation control occupation	
12. BIRTHPLACE (city or town) Land Mark (State or country)	Other Contributory Chases of Importanco:
13. NAME Sheridapos Grunes	Monemus meumonisa 12-
13. NAME Signatures 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME Blanchelo ats	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Jauche (at a 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide?
17. INFORMANT MISELLAND Simils (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Like Sell James Date Upsell 21, 1931	Manner of Injury
19. UNDERTAKER 1. 3. 9. Eugy N. (Address)	24. Was disease or injury In any wey related to occupation of deceased?
20. FILED 7/2/ 1934 L. Blanca	(Signed) 6 a Call M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
WIREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA.

STATE OF	MARYLAND—CERTIFICATE OF	DEATH

1. PLACE OF DEATH	U3811
County Fredrick	Registration Dist, No. 14/
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. 14 (Usus) place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Bay) 4 , 193 24 (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from July 4 , 1934, to July 14 , 19.34
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than 1 day,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 1D. Date daceasad last worked at this occupation (month and year) occupation.	Primature Buth (3stimatel 6 Month Pragnaray)
12. BIRTHPLACE (city or town) Survey (State or country)	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town) Boltyperl	Name of operation
(State of Country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Camelia Byrd 16. BIRTHPLACE (city or town). Robrers bill - Hel (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or flomieide?
17. INFORMANT RUYING POPPOR	Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Burisser B Date Africa 14, 1984	Manner of Injury
19. UNDERTAKER De Felfs & Sease (Address) Programmes	24. Was disease of injury in any way related to occupation of decaased? No. If so, specify (Signed) M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D
20. FILED LYNN 14, 19.9.4 May 10.0 - Hull to Registrar.	(Address Runswick Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	must b	July 5,1927	Peritonitis	3 days ago
	RIDEAU V. S.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA. Exact statement stated EXACTLY. mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING See instructions on back of certificate. -WRITE PLAINLY, WITH TION is very important. STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF DEATH (138)
county traderich.	Registration Dist. No. / 4/
Village or City Brunswich	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
	0 9 -
2. FULL NAME HOLOUTHOMM	Lwm#2
(a) Residence: No. / 4 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*vorige the word)	21. DATE OF DEATH (Month) (Month) (Month) (Month)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased from
(or) HIFE OI	april 14, 1934, to oful 14, 1934
6. DATE OF BIRTH (month, day, and year) 4 - 14 - 34	liast saw h. 1-752 aliva on Africal - 1 4, 19-3-4; deeth is said
7. AGE Years Months Days If LESS, than	to have occurred on the date stated above, at 4 m.
1 dey hrs.	The PRINCIPAL CAUSE OF DEATH and raleted causas of importance were as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	0
← 9. Industry or business in which	Tunalus Jul
work was done, es SILK MILL, SAW MILL, BANK, etc	120 to 1 to 1 to me at least 1
Spent III this	The work of the standy
year) occupation	Other Coatribatory Causes of importance:
12. BIRTHPLACE (city or town) Survey (Stata or country)	
13. NAME Shopes borning 14. BIRTHPLACE (city or town) Boltoning	Name of a state of the state of
(State or country)	Neme of operation Date of Was there an autopsy? 173
15. MAIDEN NAME a melia Byrd 16. BIRTHPLACE (city or town). Republication of the city of town of the city of the city of town of the city	23. If death was dua to external causas (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Replease 1	Accident, suicide, or homicida? Date of injury19
State or country)	Where did injury occur?
17. INFORMANT YLOXING BUNGLESON	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Burnance Date Fluid 14, 1984	Manner of Injury
Place Jament Company Date Affect 14, 1984	Neture of injury
19. UNDERTAKER LOVE + SON	24. Was disaase or injury in any way related to occupation of daceased?
	If so, specify (Signad)
20. FILED While 4 19 & H. Clus A. S. Haceffer Registrar.	(Addrass) Add I Add I at M. D.
	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

S. No.

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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	Example I	ti i	Example II	
The principal cause of importance were as	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	THE WELVEL	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	rilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAT 13 1505	July 5,1927	Peritonitis	3 days ago
	BURGAU V. S.	i i		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

B.—WRITE PLAINLY,

Exact statement of OCCUPA.

1,4812

STATE OF MARTEAND	CERTIFICATE OF DEATH (10011)
1. PLACE OF DEATH	
County Frederick The Corps	Registration Dist. No. /3/
Village or City Trederick	No. 63 So. Markex St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
7	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary E. Haulon	
	lusofp Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word)	21. DATE OF DEATH
puale Mila midowed	(Month) (Day) (Yeer)
5a. If meried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That Lattended deceased from
(or) WIFE of Francis Mr. Harrow	april 7 1934 to april 59 1934
6. DATE OF RIRTH (month, day, and year) and 30 -1869	I last saw h. & alive on Assail 19 1934; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS then	to have occurred on the date steted above, et. 11- PV m.
14 11 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were es follows:
kind of work done, as SPINNER Jousekupe	Carcinoma Head of Most
9. Industry or business in which	Con contract from Contract
work was done, es SILK MILL, SAW MILL, BANK, etc.	- Vistoria Maria
10. Date deceased last worked et this occupation (month end spant in this	
this occupation (month end year) 722 1234 spant in this 4242	
12. BIRTHPLACE (city or town) Near Pearl	Other Contributory Canses of Importance:
(State or country) trederick Co. Vied	Cachesta Energ
13. NAME Joseph n. Krukel	
Good Comments	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Wes there an eutopsyl
15. MAIDEN NAME Faral Lisla	
Whoo lives	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
7K Harl	(Specify city or town, county and State)
17. INFORMANT (Address) Frederick Ned	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CHEMATION, OR REMOVAL	Manner of Injury
Place It tohus Cem Date USL 3/ 1934	Nature of Injury
8.660.	
19. UNDERTAKER (Address)	24. Was disease or injury In any way related to occupation of deceased?
0 1 0 1	If so, specify The Laurence To Remark to
20. FILED 20 afece, 1924 ora metude	(Signed) A family M. D.
Registrar/	(Address) + Manuach McL
15 more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
A SURFAL				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

SIA	TE C	OF MAR	YLAND-	CERTIFICATE OF DEATH	11/10/15
1. PLACE OF DEATH				Too of	03815
County Frederick				Registration Dist. No. / 3/	
Village or City Frede	rick		LINE WELLS.	No. 219 & 3 rd Illeel St.	Ward
Length of residence in city or	town where	deeth occurred 3	O yrs mos	death occurred in a hospital or institution, give its NAME instead of street and death of the long in U.S. if of foreign birth?yrs	d number) _mosds.
2. FULL NAME Narga	ret To	ffman He	ffner	. 3	
(a) Residence: No. 219	E. Th	aird Fu	dh ma	St., Ward.	
		(Usual place		If nonresident give city or town a	
PERSONAL AND S		1	A	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR White	RACE		RIED, WIDOWED, D (write the word) Od	21. DATE OF DEATH April 9th., (Month) (Day)	4 , 193 (Year)
5a. If married, widowed, or divorced HUSBAND of					
(or) WIFE of Wm. S	. Neff	ner		22. 2 PIHEREBY CERTIFY, That I attend	ed deceased from
The second second second	Mo	y 16, 18	78	The lotter	19.254
6. DATE OF BIRTH (month, day, and	year/				4.; death is said
7. AGE Years 55	Months 10	Days 23	If LESS than I day,hrs.	to have occurred on the dete stated above, et 3Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
		1 20	ormin.	were as follows:	Data of enset
8. Trade, profession, or particu kind of work done, as SI SAWYER, BOOKKEEPER,	INNER,	lousewife		Cachal Obeble	ation
9. Industry or business in which	h	At Mome		Dece in ago surge	4013
work was done, as SILK SAW MILL, BANK, etc	MILL,				
kind of work done, as SI SAWYER, BOOKKEEPER, 9. Industry or business in which work was done, as SILK SAW MILL, BANK, etc			ime (years) 35yrs ntin this upetion	3	
12. BIRTHPLACE (city or town)	arylar	nd		Other Contributory Causes of importance:	
(State or country)				Systa	2
13. NAME Frank No	ffman				
13. NAME Frank To		aryland		Name of operation	_
	ha Whi	tter		What test confirmed diagnosis? Was there a	
15. MAIDEN NAME Mert 16. BIRTHPLACE (city or town).		ryland		23. If death was due to external causes (VIOL ENCE) fill in also the follow	-
16. BIRTHPLACE (city or town).		- J		Accident, suicide, or homicide? Date of injury	, 19
(State of County)				Where did injury occur?(Specify city or town, county and S	State)
17. INFORMANT Wm. S. I				Specify whether injury occurred in INDÚSTRY, In HOME, or in PÚBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVED IN Place Mt. Olivet C		red., Abri	1 12. 10 34	Manner of injury	
				Network of Injury	
19. UNDERTAKER M. R. Et (Addiess) Frederic				24. Was disease or injury in eny way related to occupation of deceased? If so, specify	no
20. FILED 11-april , 193	4 dore	2) me	Quely:	(Signed) Il Gowas (Address) Tellings	M. D.
-	If more	blanks are needed.		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home-housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	
1915		1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

1. PLACE OF DEATH	(108)
County Ire develo	Registration Dist No. 8
	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth/yrsmos
2. FULL NAME helman toffman	toold.
(a) Residence: No. Sour Mall Dollaru	-, SKU 4 Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	april 28 193 4
5a. If marriad, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceesed fr
^ -/	april 22, 1934, 10 april 28, 199.
6. DATE OF BIRTH (month, day, end year) Uug 31, 1928	I last saw him alive on april 250 , 19.74; death is s
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at ID_c 3
7 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were es follows:
8. Trada, profession, or particular kind of work dona, as SPINNER,	Data of on
SAWYER, BOOKKEEPER, etc.	Lobar pollenoma fi
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc	
O 10. Data daceased last worked at 11. Total tima (years)	
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of Importance:
(State or country)	
# 13. NAME Walley Holling	
14. BIRTHPLACE (city or town) We dryl and	Neme of operation Dete of Dete
(State or country)	What tast confirmed diagnosis? Was there en eulopsy?
15. MAIDEN NAME Ida Danner	23. If daeth wes dua to axtarnal causas (VIOL ENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Marsla	Accidant, suicida, or homicide? Data of injury19
16. BIRTHPLACE (city or town) Many a (State or country)	Whera dld Injury occur?
17. INFORMANT James Q. Josels Sunt.	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) The net me thank the diff Mid	
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Mr. Otiver Cera Data US (30, 1937	Natura of injury
19. UNDERTAKER & E. Cline + For	24. Was disease or injury In any way ralated to occupation of dacaasad?
(Addrass) Treducate mid	If so, spacify
20 FILED 36 aful 1984 groa meeud	(Signed) 12 thorney N

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
SUDEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis, i	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. B. O. Home

ż

		OF MAR	YLAND-	CERTIFICATE	E OF DEA	\TH	67817
1. PLACE O			William	82		. 21	00011
	Frederick		TIENTER CHAIC	No.	Registration	Dist. No. / 3/	
Village or C	ityFrederic	k				St.,	Ward
Length of resi	dence in city or town where	deeth occurred	O (1	f death occurred in a hospital or in sds. How long in U.S	astitution, give its NAM.	E instead of street a	nd number)mosds.
2. FULL NA	ME Mrs. Lo	uise Howa					
	ce: No. 217 Phe			St. Ward.			
()		(Usual place	of abode)		If nonresident	give city or town	and State
PERSON	IAL AND STATIST	ICAL PARTI	CULARS	MEDICAL	CERTIFICATE	OF DEATH	1
J. SEX	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE Widow	RIED, WIDOWED, D (write the word)	21. DATE OF DEAT	April	14	194
5e. Il married, widow		WICOW			(Month)	(Day)	(Yeer)
(or) WIFE of		s Howard		22. THERE	BYCERTIF	Y. That I attend	led deceased from
6. DATE OF BIRTH	month, day, and year)	May1.1869		I last wher alive on	4-	14 19	1 1
7. AGE Yea		Days	II LESS than	to heve occurred on the date :	steted above, at 11:		Jueath 15 Said
64	11	13	1 day,hrs.	The PRINCIPAL CAUSE OF D	EATH and related caus	es ol importence	
Z 8. Trade, proles	ssion, or particular			were estonows.			Data olonset
SAWYER,	ork done, as SPINNER, BOOKKEEPER, etc	Housewi	fe	up	onle	41.	4/1
SAW MIL	business in which s done, as SILK MILL, L, BANK, etc	At Mome		,		8	
10. Date decease this occupyeer)	ed last worked at pation (month end 6/3:	z spa	ime (yeers) nt in this pation 45				
12. BIRTHPLACE (cit (State or coun		ryland		Olher Coutributory Causes of i	importance:		1
	James Howard				newy	~9	1)
13. NAME	James Howard					ţ	
13. NAME 14. BIRTHPLACE (State or		and		Name of operation	,)) an	Date of	in europsy?
15. MAIDEN NAME 16. BIRTHPLACE	ME Louise Ma	kle		23. Il death was due to external			
16. BIRTHPLACE		a.nd		Accident, suicide, or homicide:	?		_
17. INFORMANT(Address)	Thomas Howard Frederick Ma			Specily whether injury occurre	(Specify city or	town, county and S ME, or in PUBLIC	itate) PLACE
18. BURIAL, CREMATI	on, or removal		/34 ,19	Menner of injury			
(Address)	Albert W. Dix Frederick Mar			24. Was disease or injury in an if so, specify (Signed)	ly wey related to occupa	ation ol deceased?	200
20, FILED 17-Cefts	11 , 1924 Ina	freuer	Registrar.	(Address)	Ine	119 V	2 AM. D.

Registrar. (Address)

If more blanks are needed, address state Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
**** # 1994	11		
Other contributory causes of importance: V. S.		Other contributory causes of importance:	7
Gallstones	May 1,1923	Gastroenteritis	1 year
	•		

should state of OCCUPA-

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

AGE should be

MON is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

STATE OF MARYLAND-CERTIFICATE OF DEATH

- X		0 6	(4	5
-1	1	. (8	- 0	7
1	3	U	1	.A.	1

1. PLACE OF	F DEATH			93.0
CountyE	rederick			Registration Dist. No. 13/-
	cityBraddock_		(lf	No Duadath Rythe St., Ward death occurred in a horpital or institution, give its NaME instead of street and number) ds. How long In U.S. If of foreign birth? yrs. mos. ds
2. FULL NA	ME Phillip nce: No. Osva	Henry Jo darle (Usual place	2 Heylel	St., Ward. If nonresident give city or town and State
PERSON	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX Male	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE Marri	RRIED, WIDOWED, ED (write the word) ed	21. DATE OF DEATH April (Month) (Day) (Yaar)
5a. If marriad, widow HUSBAND of (or) WIFE of	Mary A. Ho	olland		22. HEREBY GERTIFY, That attended deceased from
6. DATE OF BIRTH	(month, day, and year) M	ay 13, 18	359	i last saw have alive on alive on last saw have alive on last saw ha
7. AGE Yea 74	Months 11	Days 15	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 3 30 The M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
SAWYER, 9. Industry or work was SAW MIL 10. Data deceas this occu year)		11. Total i	(retired)	Other Contributory Causes of importanca:
(State or cour	enjamin Jones			·
14. BIRTHPLACE	(city or town)			Nama of operation Dete of Was there an au'opsy
15. MAIDEN NA	ME Sarah J	ackson		23. If death was due to external causes (VIOL ENCE) fill In elso the following:
Œ (State or		Md.		Accident, sulcide, or homicide?
(Address) 18. BURIAL, CREMAT	Mrs Calvin Sw Braddock Hei HON, OR REMOVAL tersville Cem	ights. Md		Manner of Injury
(Address)	M. R. Etchiso Frederick M Ucl. 1924 Ood	de I has	Eurly Registrate	24. Was diseasa or injury in any wey related to occupation of deceased? If so, specify (Signed) (Address) (Address)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stated

County	Triam	C/D			Registration Dist. No.	141
Village or	city Coalo	ville	(16	ND.	stitution, give its NAME instead of	_St.,V
Length of res	idence in city or town where	deeth occurred			if of foreign birth?yrs	
2. FULL NA	ME Ham	Z. Ka	120			
(a) Resider	1			St. Ward.		
(a) neside	100. 110.	(Usuai plac	e of abode)		If nonresident give city or	town and State
PERSON	NAL AND STATIS	TICAL PART	ICULARS	MEDICAL	CERTIFICATE OF DE	ATH
male male	4. COLOR OR RACE	5. SINGLE, MA OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATI	(Month) (Dev)	, 193
5a. If merried, widow HUSBAND of	ved, or divorced				/	(200
(or) WIFE of	Helen H	Hemh		22 I HEREI	SY CERTIFY, THE	ettended deceesed
	7-		1500		190 4 .10	, 19
	(month, day, end yeer) // ars Months	Devs	1897	1 last sew h alive on.	2 8	, 1934; deeth
. Adl		Deys	1 dey,hrs.	to heve occurred on the date s The PRINCIPAL CAUSE OF D	EATH end related causes of imports	ence
l se Trado avote	3 6 1 17		ormin.	were es follows:		Oata o
kind of	ession, or perticuler work done, es SPINNER, c, BDDKKEEPER, etc	and en	_	11/1	1 0/1	
< 9. Industry or	business in which	x.s.ys.n.u.	7	Mann	u non	Cy
SAW MI	s done, es SILK MILL, LL, BANK, etc				••••••	
O 10. Date decees	ed last worked et ipetion (month and	11. Total	time (years) ent in this		* * * * * * * * * * * * * * * * * * *	
year)		000	upetion	Dther Contributory Causes of I	mnortance	
12. BIRTHPLACE (c (State or cou		4	~~~			
13. NAME	John A K	man				
Ξ ,	n	21/		N	home.	
(Stete o	E (city or town)	eq.		Name of operation	1 0	Dete of
15. MAIDEN NA	ME Para	Whiled		Whet test confirmed diagnosis?		there en autopsy?.
H		Dan John		and the second s	ceuses (VIOLENCE) fill in also the	
State o	E (city or town)	rid		Where did injury occur?	Date of injur	y, 19
17 14/500-14117	men Helan	HKan-			(Specify city or town, count d in INOUSTRY, in HOME, or in Pl	y and State)
17. INFORMANT/ (Address)	Brustetts	will m			a m moodini, m nome, u m r	DEIC FLACE.
18. BURIAL, CREMA				Menner of injury	~	
Piace 82	crpstwill	Dete_Mia	1934	Neture of injury		
	241632 tz 8	our "			y wey related to occupetion of dece	ased? Tag
10 HADESTAVES 5	1-17-1-1	- 1 2	12	If so, specify	/ / / / related to occupe tion of deci	
19. UNDERTAKER (Address)	- Orsers	MARCHE IN				
	30 24 hu	2: 17 5	12.1	(Signed)	1/12000	1 -

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	10			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH 03820			
1. PLACE OF DEATH	25)		
county of rederick	Registration Dist. No. / 39		
Village or City State Sanatorum	No. Mo St., Ward		
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) 4 ds. How long in U.S. if of foraign birth?		
2. FULL NAME JOHN Joseph 1xl	ma 1		
(a) Residence: No. 2 1 2 8 madron	St., Ward. Ballo Md		
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of What was	22. I HEREBY CERTIFY, That, I attended deceased from		
6. DATE OF BIRTH (month, day, and year) MM. 2. 1898	I last saw him alive on Cyril 6 1934; death is said		
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 12:55 Pm.		
35 5 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
The Trade of the control of the cont	Date of one et		
SAWYER, BOOKKEEPER, atc	Julmonary Jullaculoses		
work was done, as SILK MILL, Slee. Ry.			
SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as STIK MILL, Suc. 10. Date deceased last workad at this occupation (month and year) 11. Total time (years) spant in this occupation soccupation s	W.		
1000001100	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town) V (State or country)			
13. NAME Seriam Selia. 14. BIRTHPLACE (city or town) Maryland.			
[14. BIRTHPLACE (city or town) Maryland.	Name of operation Date of Date of		
(State of country)	What test confirmed diagnosis? Chlory X May 1 I Was thera an au'opsy? MO		
16. BIRTHPLACE (city or town) mayland.	23. If death was due to external causes (VIOLENCE) fill In also the following:		
[16. BIRTHPLACE (city or town) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Accident, suicide, or homicide?		
-1 (State of County)	Where did injury occur? (Specify city or town, county and State)		
17. INFORMANT JOHN J. 12lla (on admission) (Address 21/2 E. Madison St. 73 al to ma	Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury		
Placa Y O COLLA Y V M. Date WY MUTURA	Nature of Injury		
19. UNDERTAKER M. L. Creager	24. Was disease or injury In any way related to occupation of decaased?		
(Address), Thurman M.	If so, specify T		
20, FILED Registrar.	(Signed) Late Sanaturna M. D.		
If more blanks are needed, address State Registrar, :	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
f death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset 1 week ago
ritis	1921	Run over by street car	1 week ago
British	July 5,1927	Peritonitis	3 days ago
uses of importance:	May 1,1923	Other contributory causes of importance:	1 year
	f death and related causes follows:	f death and related causes stollows: 1915 ritis 1921 July 5,1927 auses of importance:	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy ritis 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

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S

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH Registration Dist. No / 2/= County Ass (If death occurred in a horpital or institution, give its NAME instead of street and number) Village or City Length of residence in city or town where death occurred. How long In U.S. if of foreign birth? _____yrs. ____mos. ____ds. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) mule. 5a. If morried, wid. HUSBAND of 22. I HEREBY CERTIFY, That I attended deceased from (or) WHE of 6. DATE OF BIRTH (month, day, and year) 7. AGE. Months Days If LESS than to have occurred on the date stated above at 4 / m 1 day _ - hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or __ Q _min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc., 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation. Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) (State or country) Was there an autopsy? MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury______, 19_____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of Injury_ 24. Was disease or injury in any way related to occupation of deceased? ... 19. UNOERTAKER (Address) If so, specify.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

-WRITE

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAU V. S.	3		
Other contributory causes of importance:	7	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

17

County Muy	15 00-10	Registration Dist. No.
Village or City / Clinia	rule Vi	At. St., death occurred in a hospital or institution, give its NAME instead of street and numb
Length of residence In city or town where	death occurredyrsmos	
2. FULL NAME TAKE	In Kong &	ing.
(a) Residence: No.	moretle 1	By Trace
DEPENDIAL MID STATIS	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF TEATH
male White	OR DIVORCED write the word	(Month) (Day) 193
5a. If married, widowed, or divorced HUSBAND of (or) WITH of	00 /	22. I HEREBY CERTIFY. That I attended decea
(a) min	Mrcma/ru	ma, 1938, to agrif
6. DATE OF BIRTH (month, day, and year)	113.1852	I last saw harmalive on
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated allowe, at
0/13-	ormin.	were stollows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Farmer.	Curme mymy
Industry or business in which	5 P	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	my Jam	
10. Date deceased hast worked at this occupation (month and year)	2 If. Total time (years)	
year) Jerri Co	occupation U	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	my ford	7
	B/ S. S.	
= // // /	of one	Name of a system
A 14. BIRTHPLACE (city or town)	wedin.	Name of operation Date of What test confirmed diagnosis? Was there an autops
15. MAIDEN NAME Calling	me Ross.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Calling 16. BIRTHPLACE (city or town) (State or country)	and Pale	Accident, suicide, or homicide? Date of injury
(State or country)	on on or	Where did injury occur?
17. INFORMANT LA	Cu drig	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 18. BURIAL CREMATION, OR REMOVAL	ari 18.4.20	
11- 1171	n Date 47 6, 1934	Manner of injury
B. IN	- OPPanil	
19. UNDERTAKER / CAST	on many	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Ap. 7. 5 1934 7	120	(Signed) Why H. Mussh

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BURRAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		(82-d.)	
County Frederic	ck	Registration Dist. No. / 3 /	
Village or City 7MT	lesant	ND. St., St., If death occurred in a hospital or institution, give its NAME instead of street an	Ward
Length of residence in city or town where	e deeth occurred 25 yrsmo	sds., How long in U.S. if of foreign birth?yrs	_mosds.
2. FULL NAME 700.70 (a) Residence: No. 100	Cleasant (Usual place of abbde)	Ward. If nonresident give city or town a	nd Stto
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Femole white	OR DIVORCED (write the word)	Mark 2 (Month) (Day)	, 193. 4 (Year)
5a. If married, widowed or diverced HUSSAND of (so) WHY 01 WHY 01	Tochner	22. I HEREBY CERTIFY. Thet I ettended 19.71, to 19.71, to 19.71	12,1939
6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Yeers Months	Days If LESS then	1 1ast saw 11-2	12; death is said
65 10	1 day,hrs.	to heve occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:	Date of onset
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Eousewife	poralyair	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	<i>y</i>		
10. Date deceased last worked at this occupation (month and yeer)	11. Total time (years) spent in this occupation 40		
12. BIRTHPLACE (city or town) (State or country)	angland	Other Contributory Causes of importance:	
	Sastle	artino selesanson	Dal 34
13. NAME 14. BIRTHPLACE (city of town) (Stete or country)	aruland	Neme of operation	0
15. MAIDEN NAME Sara	Wmer.com	What test confirmed diagnosis? Was there at 23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	- 1	Accident, suicide, or homicide? Dete of injury	_
E (State or country)	Caryland)	Where did injury occur?	
17. INFORMANT (Address)	schopery	(Specify city or town, county and Si Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC F	tate) PLACE.
18. BURIAL, CREMATION, OR REMOVAL FILE	dect gr	Menner of injury	
Place MC Leg.	Date 1954	Neture of injury	
19. UNDERTAKER W. W. W. M. (Address) Walkerz	right me	24. Wes diseese or injury in any wey related to occupation of deceased? If so, specify	کسی
20. FILED 3-0/1- 1934 0	Registrar.	(Signed) 18-0. Harris	M. D.
If mor		2411 N. Charles Street, Baltimore, Requesting V. S. No. z.	

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S	1	,)	
Other contributory causes of importance:		Other contributory causes of importance:	:
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	3824
1. PLACE OF DEATH	(R)-2)	0
County Fearick	Registration Dist. No. / 5	8
Village or City Mr. Mourovia	No. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where death occurred & Syrs		
2. FULL NAME Mary Lo Magri	ider.	
(a) Residence; No.	St. Ward.	
(Usual place of abode)	If nonresident give city or town and	1 State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jemale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH ALL 2 (Month) (Day)	, 193 4
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY That ettended	deceased from
(or) WIFE of 2. Co. Wagruder	Mar 2/ 1934 to Apr 2	19 35
6. DATE OF BIRTH (month, day, end year) Que 7th 1865	Hest saw her elive on Afel 1, 1934	C; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 10.40 Pm.	
68 23 or min.	The PRINCIPAL CAUSE OF OEATH and related causes of importance were es follows:	Date of onset
8. Trade, profession, or perticular kind of work done, es SPINNER, House Wife SAWYER, BODKKEEPER, etc.	arteria acterosis	1121
9. industry or business in which	certal Hanoshage	1934
work was done, as SILK MILL, doing own work SAW MILL, BANK, etc		- I.
apoint in this		
	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Mary Laura (State or country)		
13. NAME Charles Lowe 14. BIRTHPLACE (city or town) Maryland.	Name of operation	
(State or country)	What test confirmed diagnosis? None Was there an	ou'opsy? Nu
15. MAIOEN NAME Susan Molesworth 16. BIRTHPLACE (city or town) Maryland,	23. If death was due to external causes (VIOLENCE) fill in also the following	
5 16. BIRTHPLACE (city or town) Maryland,	Accident, suicide, or homicide? Oete of Injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and Sta	10)
17. INFORMANT 316. Magualer (Address) morroura Ma,	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, DR REMOVAL Piace Mt Oliver Com Date apl 6 1934	Manner of Injury	
IN HADERTANED ON E. FOR.	24. Wes disease or injury In any way related to occupation of deceased?	na
19. UNDERTAKER II. C. Jaconer (Address) Pierr Wharke Will	If so, specify	1
20, FILED abl 3 1934 Luciant Falcour	(Signed) Ernect P. Roa	M. O.
Registrar.	(Address) New Market	moh

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Example I		Example II		
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Arteriosclerosis	1915	Attack of epitepsy		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage CEIVED	July 5,1927	Perilonitis	3 days ago	
LAN T 1954	1			
Other contributory causes of importance: S. Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC

PHYSICIANS should state

Exact statement

properly classified.

item of inforof OCCUPA-

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03825
1. PLACE OF DEATH	2.3
county chedruck	Registration Dist. No. 139
Village or City State Sanatrum	No. St., Ward
Length of residence in city or town where death.occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?
2. FULL NAME ARYLAND TUBERCULOSIS SANAT (a) Residence: No. 302 W STATE SUBJECT SANAM MD	St. Ward. Edmonston Md. If wonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Whate Whate	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of Ethel S. Mc Daniel	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May .7. 1894	I last saw h m alive on Opril 15 19.34; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.05 A.m.
3 9 1 1 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, Ry. Mail Clerk SAWYER, BOOKKEEPER, etc. 9. Hndustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc.	Pulmonary Werculosio
10. Date decaased last workad at this occupation (month and CT. 193 11. Total time (yaars) spant in this occupation (year)	Othar Coutributory Causes of importance:
13. NAME Alvert Silencer Mc Daniel	
Hand Hart Stencer Mc Daniel 13. NAME (Wort Stencer Mc Daniel 14. BIRTHPLACE (city or town) Mochville N. C. (State or country)	Name of operation More Ruggettum 12
15. MAIDEN NAME & da. Number	What test confirmed diagnosis? WLDM X 7549 T (1 50-Was there an autopsy? Y M
15. MAIDEN NAME I da. Summers 16. BIRTHPLACE (city or town) North Carolina (State or country)	23. If death was due to extarnal causes (VIOL ENCE) fill in also the following: Accidant, suicide, or homicida?, 19, Whare did injury occur?,
17. INFORMANT Travis E. Me Hamel (Address) 302 Wellsave. E. monston Md	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Vinston - Salem M.C. Date , 19	Manner of Injury
19. UNDERTAKER M. L. Colacelland. (Address) Thurmon Mint.	24. Was disease or injury In any way ralated to occupation of deceased?
20. FILED 4/6/3 4, 19	(Signed) Allwart (Signed) M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
N STORY			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TO THE MONFORATE SIMITE OF THE PROPERTY OF THE	CERTIFICATE OF DEATH 03826	
Village or City Drawsack	Registration Dist. No. St., Ward	
	sds. How long in U.S. if of foreign birth?yrsmosds.	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)	
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of George Merriman	2 HEREBY CERTIFY. That I attended deceased from	
6. DATE OF BIRTH (month, day, and year) Sec 14 1853	I last saw har alive on april 4 19 4: death is sald	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$\mathcal{L} \text{V} \tag{m}.	
80 3 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date decased lest worked et this occupation (month and	Oxfor Schrise	
10. Date daceased lest worked et this occupation (month end yaar)	Othar Contributory Causes of importence:	
(State or country)	Ay to blood presen 2004	
13. NAME John Martin	<i>U</i>	
14. BIRTHPLACE (city or town) Affect	Name of operation Data of	
	What tast confirmed diagnosis?	
15. MAIDEN NAME Catherine Leacly 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) filt In also the following: Accident, suicide, or homicide?	
17. INFORMANT Ans of H. Conter (Address) Our menula Engl		
18. BURIAL, CREMATION, OR REMOVAL Place / Mary Stille Mad Data Cify 15, 1934	Manner of injury	
19. UNDERTAKER PATT 12 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2	24. Was disaasa or Injury it eny way related to occupetion of deceased?	
20. FILED CAPE 15 , 1934 MM H. Diltag 18.	(Signad) (Signad) (Address) Brews Week M. D.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroen teritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
				-		

V. S. No. 1

	RECCR	. PHY	Exact s	
NDING	MANENT	XACTLY	lassified.	
FOR BI	IS A PER	stated E	properly o	ertificate.
C C	HIS	pe :	be 1	o jo
RGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOR	mation should be carefully supplied. AGE should be stated EXACTLY. PHY	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact si	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY,	mation should be car	CAUSE OF DEATH	TION is very import

	A STATE OF THE STA		MAR	YLAND-	CERTIFICATE OF DEATH	03827
-	. PLACE OF DEA		PROPE	and the said of the said	V	,
	CountyFreder				Registration Dist. No. / 3	£
	Village or City	Frederi	ck	(16	No. 2/97 9 FTV Little St., death occurred in a horpital or institution, give its NAME instead of street at	Ward
	Length of residence in ci	ty or town where death	occurred_O	yrs D mos		_mosds.
2	e. FULL NAME (a) Residence: No.				St., Ward, If nonresident give city or town	and State
-	PERSONAL AN	D STATISTICA			MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLO	R OR RACE S.	SINGLE, MAR	RIED, WIDOWED. D (write the word)	21. DATE OF DEATH April 21,	, 193(Yaar)
5a.	If married, widowed, or divo		0 2.25			
	(or) WIEE of	+			22. HEREBY CERTIFY, That I attend	
	are the second second	Apri	1 21, 1	934	1 19.3 4, to Afrance	
_	DATE OF BIRTH (month, day AGE Years	y, and year) Months	Days	If LESS than	I last saw h live aliva on	; daath is said
4	AGE 16415		-	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
_	O Trade profession or a	O	0	ormin,	wera as follows:	Date of onset
OCCUPATION	8. Trada, profession, or pa kind of work done, SAWYER, BOOKKEE	as SPINNER, INOIN	E			
	9. Industry or business in	which			Dul Jan	
	work was dona, as SAW MILL, BANK,	SILK MILL,	NONE			
000	10. Date deceased last work this occupation (mo year)	nth and	11. Total ti spar occu	ime (years) nt In this apation		
	DIDTING ACT (-ia a- a- a-	Maryland			Other Contributory Causes of Importance:	
12.	(State or country)	9 0 0 4 4 ₀ 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
8	13. NAME Frank T	. Miller				
FATHER	14. BIRTHPLACE (city or to	Ma	ryland		Name of operation	f
FA	(State or country)				What test confirmed diagnosis? Was thera	220
ER	15. MAIDEN NAME	largaret Mi			23. If death was due to external causes (VIOLENCE) fill in also the follow	wing:
MOTHER	16. BIRTHPLACE (city or to (State or country)	Maryla			Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17		T. Miller			(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC	Siale) PLACE
18	(Address) Frec BURIAL, CREMATION, OR I				Manage of Jalum.	
	Place Mt. Olive		Date Apri	1 23 19 34	Manner of injury	
19	UNDERTAKER M. R.		& Son		24. Was disease or injury in any way related to occupation of deceased? If so, specify	200
20	FILED 2 3 April,	()	11 /	Caul;	(Signed) Dotto	3 M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	2.0	Example II	
Example I The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

certificate.

TION is very important. See instructions on back of

1. PLACE OF DEATH	CERTIFICATE OF BEATT 00040
county Frederick	Registration Dist. No. 3 9
Village or City State Sana Lorum	The Mud St., Ward
Length of residence In city or town where deeth occurred 2-yrs 9-mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME CONCLUSION OF A CONCLUSION SANA (a) Residence: No. MCKYLAND TUBERCULOSIS SANA (b) Residence: No. MCKYLAND TUBERCULOSIS SANA	TORIUM Ward. Belaur Md RFD#2 If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH OF COMPANY (No. 193 4 (Year))
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended decessed from
Nont 8 1875	lest sow have elive on april 4 1934; deeth is seid
6. DATE OF BIRTH (month, dey, and year) 1 0 - 0 - 1 0 1 0 1 1 LESS than	to heve occurred on the dete steted above, at 2:307 m.
58 6 26 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
R Trade profession or particular	Rulmonari riberculosis
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased lest worked et this occupation (month and	7,
10. Dete deceased lest worked et this occupation (month end yeer) 11. Totel time (yeers) spant in this 3.5 yro	Dther Coatributory Causes of Importence;
12. BIRTHPLACE (city or town) Wayland, (Stete or country)	
# 13. NAME Cornelius Moore	
13. NAME COVELLUS YNDOWN 14. BIRTHPLACE (city or town) I reland. (Stete or country)	Neme of operation work Date of
15. MAIDEN NAME Wary Buckley	23. If deeth wes due to externel causes (VIDL ENCE) fill in elso the following:
15. MAIDEN NAME Wary Buckley 16. BIRTHPLACE (city or town) I reland:	Accident, suicide, or homicide? Dete of Injury, 19
(State or country) 17. INFORMANT James H. Moore (on admission)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Belair Md. Rt. D # 2.	
Place Lexas. Balto Co More Infrance	Manner of injury
19. UNDERTAKER ELWOOD Y MOSS	24. Was disease or injury in any wey related to occupation of deceesed?
20, FILED (All 19 Registrar.	(Signed) That Sana torum. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CERTIFICATE OF DEATH should state A PERMANENT RECORD. Every item of infor-OCCUPA-

STATE OF MARTLAND	CERTIFICATE OF DEATH	
1. PLACE OF DEATH ,		
County Frederick " The Corporation of the Corporati	Registration Dist. No. / 2/	
Village of City research	Here No 16 Jeunselvani these	Ward
	death occurred in a horpital or institution, live its NAME instead of street and number)
Length of residence in city or town where death occurred	sds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Villam M. Mye	nd ,	
(a) Residence: No. 16 Versus. They I	resize Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR D. VORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Y)	4
5a. If married, widowed, ordivorced HUSBAND of	The state of the s	aar)
(OT) WIES OF Clara Elizabeth Haver	22. I HEREBY CERTIFY, That I attended decease	- 4
hi - 50-1011		32
6. DATE OF BIRTH (month, day, and year) May 24 - 866 7. AGE Years Months Days If IESS than	I last saw h. an alive on and 10, 1934; deet	ls seid
1 day has	to have occurred on the date stated abova, at 11.2 m.	
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were es follows:	of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Rottered SAWYER, BOOKKEPER, etc.		
SAWYER, BOOKKEEPER, etc.	Carcinema of Liver	
work was done, es SILK MILL, SAW MILL, BANK, etc.	with metertain	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) yaar) 11. Total time (years) spant in this occupation docupation	mellerland	
12. BIRTHPLACE (city or town) Trederick Con	Other Contributory Causes of Importance:	
(State or country)	Rendity)	,
13. NAME Charles E. Myers	Caclardo	
14. BIRTHPLACE (city or town) Treduct C.	Name of operation Dete of	
(Stele of country)	What test confirmed diagnosis? Was there an au'opsy!	m
15. MAIDEN NAME Caroline Stars 16. BIRTHPLACE (city or town) Phila (State or country)	23. If death wes due to externel causes (VIOLENCE) fill in also tha following:	
6 16. BIRTHPLACE (city or town) Phila	Accident, suicide, or homicide? Dete of Injury, 19	9
X (State or country)	Whera did Injury occur?	
17. INFORMANT Mis, Celbert G. Brook, (Address) 7311-12 Sp. N.W. Work, D.C.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, OREMATION, OR REMOVAL Place PLY Driver Com Date 12 April 1924	Manner of Injury	
la & loling Il	Of the discountry of the second of the secon	

If more blanks are needed, address Sufe Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

-WRITE PLAINLY

RGIN RESERVED

FOR BINDING

PHYSICIANS

Exact statement

classified.

certificate.

back

See instructions on

CAUSE OF DEATH in plain terms,

TION is very important.

(Address)

mation should be carefully

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis To ECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUREAU Y. S. II			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

of OCCUPA-

Exact statement

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			OF MA	ARY	LAND-	CERTIFICATE OF DEATH	3830
1	. PLACE OF		2	-		100	7
	County	Frederic				Registration Dist. No.	
	Village or Cl	y Libertyt	own			No. St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
	Length of resid	lence In city or town where	death occurre	ed. 2		ds. How long in U.S. if of foreign birth?yrsmo	
2	FILL NAS	ME Ezra M.	Mugh	11177			
1	(a) Residence				own, Md.	St., Ward.	
JA-2013				I place of		If nonresident give city or town and	State
		AL AND STATIST				MEDICAL CERTIFICATE OF DEATH	
3. 8	3. SEX 4. COLOR OR RACE White White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		21. DATE OF DEATH	, 193 (Yeer)			
5a.	If merried, widowe HUSBAND of		7			22, I HEREBY CERTIFY. That I ettended	deceased from
4	(01) 1/185 0	Sarah E.N	uspai	λIII,		apr. 19 ,1934,10 apr. 2:	
6. 1	DATE OF BIRTH (month, day, end year) 18	353-10	0-5		1 last saw h im alive on Ofr. 22/ 1938	/
	AGE Year		,Da		If LESS than	to have occurred on the date stated above, et 3 . 20 fm. m.,	
1	80	6	1	7	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onset
N	8. Trada, profess	sion, or perticular ork done, as SPINNER, BOOKKEEPER, etc.	Co man	0 (00		11	Date of onset
E	SAWYER,	BOOKKEEPER, etc.	arme.	r, 11	etired)	Lobar Preumonia	4/17/34
UPA	work was	done, es SILK MILL, L, BANK, etc					
OCCUPATION	10. Data decease this occup		11.	Total tim spent occupa	in this		
12.	BIRTIIPLACE (cit)		erick	Co.	-,	Other Contributory Causes of importance:	
~	(State or coun		rland			Valvular disease of heart	
HE	E 13. NAME David Nusbaum,			9			
FATH	14. BIRTHPLACE (city or town) Unknown (Stete or country)					Name of operation	
2	15. MAIDEN NAM			o chi	7.7	What test confirmed diagnosis?	
MOTHER			cnown			Accident, suicide, or homicide?	
8	(State or	,,	1 1			Where did injury occur?	, 13
17.	INFORMANT M.	rs.Sarah E. Libertyte	Nush	aum,		(Specify city or lown, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	S) NCE.
18.	BURIAL, CREMATI		JWILL			Menner of injury	
	Pleding	anore Cemt	y Dete A	pril	-,-24-1934	Nature of injury	
19.	UNDERTAKER (Address)	6. m. He	eltz z	es d		24. Was disease or injury in eny way releted to occupation of deceased?	30
20.	FILED + - 23	3- 1934 P	180	ruf	way.	(Signed) Iva W. Beall (Address) Schriftown	, ma.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

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Example I	17	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

RGIN

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Child born without any brain care. Developmental defect
Lived about 20, min. H Jahrny mg



V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03832
1. PLACE OF DEATH	<u> </u>
County Fredericks	Registration Dist. No. 2/
n la	1 C C
Village or City frealment	No. I To all Security St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Baley Boy from	to a 1 of amed
	a comming
(a) Residence: No. 181 (U. all Saure)	Z St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Calaced OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended decessed from
0. 1516511	, 1997, 10 00 00 00 , 1997
6. DATE OF BIRTH (month, dey, and year) lipid 15, 1934	I last saw hand alive on; death is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, etm.
0 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Oate ol onset
SAWYER, BOOKKEEPER, etc.	Still born -
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	
10. Date deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Frederigh (Other Contributory Causes of importance:
(State er country) Marylovo	4.70.40.44.47.44.00.44.00.00.00.00.00.00.00.00.00.00.
13. NAME Medil Actorial 14. BIRTHPLACE (city or town) Marylond	
14. BIRTHPLACE (city or town) Masslond	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME CAMARA BOOTTON	
15. MAIOEN NAME Comma Carton 16. BIRTHPLACE (city or town) Marylond	23. if death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Many Out	Accident, suicide, or homicide?
17. INFORMANT Merkel Practar (Address) Fredericks maryland	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hope Hill, Md Date april 16, 1934	Nature of injury.
19. UNDERTAKER M. R. atcheson + Son	24. Was disease or injury in any way releted to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registra

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Male White a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. Viola Wol b. DATE OF BIRTH (month, day, and year) Aug' AGE Years Months	che occurred by yrs. by most occurred by yrs. by most occurred by yrs. by most occurred by married by married by married by the word by married by married by the word by married by the word by married by most occurrence	Registration Dist. No. 2 ND ML Delegant St., Ward St., Ward If death accurred in a horpital or institution, give its NAME instead of street and number) s. ds. How fong in U. S. if of foreign birth? yrs. mos. ds. St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH April 28, 193 4 (Month) (Day) (Year) 22. JEREBY CERTIFY That J attended deceased from 193 4, 193 4, 193 4, 194 4, 195 4
Length of residence in city or town where deed 2. FULL NAME And rew Mc (a) Residence: No. Near Urban PERSONAL AND STATISTIC SEX 4. COLOR OR RACE 5 Male White a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. Viola Wol 5. DATE OF BIRTH (month, day, and year) Aug. C. AGE Years Months	che occurred by yrs. by most occurred by yrs. by most occurred by yrs. by most occurred by married by married by married by the word by married by married by the word by married by the word by married by most occurrence	death occurred in a horpital or institution, give its NAME instead of street and number) s
2. FULL NAME Andrew Mc (a) Residence: No. Near Urban PERSONAL AND STATISTIC 3. SEX 4. COLOR OR RACE 5 Male White (a) If married, widowed, or divorced HUSBAND of (or) WIFE of A. Viola Wol (b) DATE OF BIRTH (month, day, and year) August (c) AGE Years Months	chelland Roderic A, Md. (Usual place of abode) AL PARTICULARS SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married fe ust 26, 189 Days If LESS than	St., Ward. St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH April (Month) (Day) (Year) 22.
(a) Residence: No. Near Urban PERSONAL AND STATISTIC S. SEX 4. COLOR OR RACE 5 Wale White a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. Viola Wol b. DATE OF BIRTH (month, day, and year) August. AGE Years Months	(Usual place of abode) AL PARTICULARS S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married fe ust 26, 189	St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH April 28 , 193 4 (Month) (Day) (Year) 22.
PERSONAL AND STATISTIC S. SEX	(Usualplace of abode) AL PARTICULARS S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married fe ust 26, 189	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH April 28 , 193 4 (Month) (Day) (Year) 22.
Male White a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. Viola Wol b. DATE OF BIRTH (month, day, and year) August Au	fe Days If LESS than	21. DATE OF DEATH April 28 , 193 4 (Month) (Day) (Year) 22. / WEREBY CERTIFY, That I attended deceased from
Male White a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. Viola Wol b. DATE OF BIRTH (month, day, and year) Aug's AGE Years Months	fe Days If LESS than	April 28 , 193 4 (Month) (Day) (Year) 22.
a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. Viola Wol DATE OF BIRTH (month, day, and year) Augu AGE Years Months	fe ust 26, 189\$ Days If LESS than	22./ IMEREBY CERTIFY, That I attended deceased from
. AGE Years Months	Days If LESS than	197,10
. AGE Years Months	Days If LESS than	I last eaw h Jelius on O
20 1/0 0		to have occurred on the date stetad above, at 4:30 R. M.
39 40 8	2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trede profession or perticular		Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEFPER, etc	armer	laster fashlac
work was dona, as SiLK MILL, SAW MILL, BANK, etc		addition y'll'
10. Date deceesed lest worked at this occupation (month and 934 year)	11. Total time (yeers) spent in this occupation 2	Chronic myseradition Duration:
		Other Coutributory Causes of Importence:
2. BIRTHPLACE (city or town)	Md .	-
13. NAME William Mc C. R		Name of operation Date of
(State or country)	Md.	Whet test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Clara V. Men	rcer	23. If death wes dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)(State or country)	Md.	Accident, suicide, or homicida?
7. INFORMANT Mrs A. Viola Ro (Address) Urbana, Md.	oderick	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL		Manner of Injury
PleceMt Olivet Cem. Fred	dine May L 1934.	Nature of injury.
9. UNDERTAKER M. R. Etchison (Address) Frederick, Md.		24. Was disease or natury in end way related to occupation of deceased?
10. FILED 30-africe 1984 ora	Image 1	(Signed) Dranatus (S. am n

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BUREAU V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Y	item	sho	of (
	JRD. Every	HYSICIANS	statement
	T REC	Y. P.	Exact
INDING	RMANEN	XACTI	classified.
FOR B	IS A PE	stated E	properly
ED 0	HIS	be	be
RGIN RESERVED FOR BINDING	VG INK-T	AGE should	that it may
RGIN	UNFADI	supplied.	n terms, so
	, WITH	refully	in plai
	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECÔRD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
V. S. No. 1	. BWRIT	mation	CAUS
>	Z	1	

County 3	redericle			Registration Dist. No./ 2/	/
Village or (city Workers	1 Hossi	Oal	Nomantetus bolilas St.	Wa
Langth of see	idana in altura taman b	0	1 /	f death occurred in a hospital or institution give its NAME instead of street an	
	idence in city or town where	e death occurred	yrsL_Omo	sds How long in U.S. if of foreign birth?yrsyrs.	.mos
2. FULL NA	ME Mary	jorginia	i Jem	bles	
(a) Resider	ice: No.	Service (Usual place of	Med.	St., Ward. If nonresident give city or town a	-d S
PERSON	NAL AND STATIS			MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARI	MED, WIDOWED,	21. DATE OF DEATH	
Temale	White	OR DIVORCED	(write the word)	World 3 (Month) (Day)	(Year)
5a. If married, widow HUSDAND of	red, or divorced	0			
of Tell (10)	Sin	rale		22. I HEREBY CERTIEY, That I attended	ad deceased for
C DATE OF SIRTIN			10-1-01		, 19_ <i>2</i>
	(month, day, and year) ars Months	Days	If LESS than	to have occurred on the data stated bove, at 1, 14, 5, 4, m.	7.; death is s
	14-	1 2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
_ & Trade, profe	ession, or particular	1	ormin.	were as follows: Chagnic interstitual or plantie.	Date of on
kind of	work dona, as SPINNER, , BOOKKEEPER, etc	Jomes	tu	Visiones interested organics.	24 stal
9. Industry or work wa	business in which is done, as SILK MILL,			Duration: six or sight years:	(
SAW MI	LL, BANK, etc	II. Total tir		Civigo	
		g spen	tin this 50 W		
		. 0 -	Q	Other Contributory Causes of importanca:	
12. BIRTHPLACE (ci		mana		Sarah Den 1/4 8 10	7.4
I3. NAME	Marel Re	mbles		Fordering of the at in	30
I4. BIRTHPLACE	(city or town) UL	analan	l	Name of operation	
(State or	r country)			What test confirmed diagnosis? Was thara as	5.
15. MAIDEN NA	ME Rebecc	a Henr	us	23. If death was due to external causes (VIOL ENCE) fill in also the following	
15. MAIDEN NA	(city or town)	anda	and a	Accident, suicide, or homicide? Data of injury	•
∑ (Stata or	country)	1		Where did injury occur?	
17. INFORMANT (Address)	Arriema Ho	mes De	R. rud.	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC 8	PLACE.
18. BURIAL, CREMAT	CION, OR REMOVAL	611	not an	Manner of injury	
rea no	Min me	Date Date	2 -, 1937	Natura of injury	
19. UNDERTAKER .4 (Address)	10111	Hone I	ul	24. Was disease or injury in any way related to occupation of deceased? If so, specify	no
	1	77	1	(Signed) BOHANN	

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Other contributory causes of importance:		Other contributory causes of importance:	
and the same of th		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state

pluods

of OCCUPA-

18, BURIAL, CREMATION, OR

19. UNDERTAKER (Address)

TION is

ğ

94	Registration Dist. No. / 3/ =
	No. frederick as Hospital Ward
If o	death occurred in a horpital or institution, give its NAME instead of fireet and number)ds. How long In U.S. if of foreign birth?yrsmosds.
30	ussell
7	1
1	St., Ward. If nonresident give city or town and State
1	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
_	(Month) (Day) (Year)
	22. I HEREBY CERTIFY, Thet I ettended deceased from
	april 10, 1934, to april 23,1934
	I last saw h alive on 19 3 ; death is said
	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows: Date of onset
	() K : 032
	34
	Other Contributory Causes of Importance:
-	Syphilia
	Name of operation Dete of
-	What test confirmed diagnosis? Was there an au'opsy?
2	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide?, Date of Injury, 19
-	(Specify city or town, county and State)
	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
. /	Manner of injury
-	Nature of injury.
	24. Was disease or injury in any way related to occupation of deceased?
	If so, specify
,	(Signed) BOThureus M. D.
	(Address) Inducish led
ır.	2413 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If more blanks are needed, address State Registre

within the L

If LESS than

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation,

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u>'</u>		



	f infor-
Ŋ	item o
	Every
>	RECORD.
BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
OR	SA
RGIN RESERVED FOR BINDING	INK-THIS I
RGIN RI	UNFADING
	WITH
	PLAINLY,
. 1	-WRITE

AGE should be stated EXACTLY.

certificate.

Jo

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1 m See instructions on back

TION is very important.

PHYSICIANS should state

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 63836
1. PLACE OF DEATH	SERVIN IOANE OF BEATING (10/2011)
+ 4. 1. 00	Desirtation Diet No. 139
county Orland	Registration Dist. No. 1
Village or City Alale & an alorum	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	7 /
2. FULL NAME YRONA San	nds at 1
(a) Residence: No. 1-2-7 PARTIES SANA	TORIUM Ward Bal a Md.
STATE (Usualplacept ahode) M	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
female while widow	(Month) (Day) (Year)
5å. If married, widowed, or divorced HUSBAND of	22. \(\cappa_1\) HEREBY CERTIFY. That I attended deceased from
(or) WIFE of huknown	Cua 17 1937 10 Cyril 7 1934
6. DATE OF BIRTH (month, day, and year) Qug 5. 1874	I last saw here alive on and 6 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.40. A.m.
59 8 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
2 Trade protession by particular	Date of onset
SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and companion).	D T I I I I I
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	(Monary / Welculoses
SAW MILL, BANK, etc	
this occupation (month and ung 1932 spent in this lifettim	
va ota med	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	A total moth to
A delication of the second of	James Tuccus
E	1001
A 14. BIRTHPLACE (číty or town) (State or country)	Name of operation Date of Date of
	What test confirmed diagnosis? CADDA X Aug 1 On Was there an au opsy? YVD
± 200	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
Range Sa laca Lanasia	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 527 Roun Murch It Boo to My	openiy whether mjury occurred in INDOSTRI, in nome, or in robert reade.
18. BURIAL, CREMATION, OR RENOVAL	Manner of injury
Place 13 allo. Ma' Date million	Nature of injury
19 UNDERTAKER M.F.O. Wiggert	24. Was disease or injury in any way related to occupation of deceased? No
(Address) Balto. Md.	If so, specify 1
20. FILED agril 7, 1934 V. 7 Cullen	(Signed) Staffer M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done. 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AID			
Other contributory causes of importances		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	136
county ct rederight	Registration Dist. No. 15
Village or City State Sana Corum	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Frena Shafer	rowline - 1 / 1 / 1
(a) Residence: No. 233 Charles (About) M. ML	St., Ward. Cumberland Md If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH OWN (Day) 6, 193 (Yask)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Shafer	22. I HEREBY CERTIFY. That I attanded dacaased from
6. DATE OF BIRTH (month, day, and year) Sept. 2. 1899	I last saw her alive on Opril 15, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at 930 A.m.
34 7 /4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife.	Pulmonary Tuberculosis
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the spent in this spent i	0 more veary (swelland 205
SAW MILL, BANK, etc	
this occupation (month and am-1934) spent in this year)	
12. BIRTHPLACE (city or town) West. Va (State or country)	Other Contributory Canses of importanca:
13. NAME Edward armstrong.	
13. NAME & dward armstrong. 14. BIRTHPLACE (city or town) W-Va. (State or country)	Name of oparation
# 15. MAIDEN NAME Verna yould.	23. If daath was due to axtarnal causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Verna Gould. 16. BIRTHPLACE (city or town) W. Va. (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Frena Strafer (Address) 233 Paca St. Cumberland Ma	(Specify city or town, county and State) , Spacify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa Eckesso W. Va. Date unterrange	Manner of injury
19. UNDERTAKER F. E. Punners	24. Was disaase or injury in any way related to occupation of deceased?
20. FILED C/16/3 419 Registrar.	(Signed) Allwar S. Mat Jee M. D. (Addrass) State & anatorum M.d.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting T. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis To E	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year
	p.		

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03838
1. PLACE OF DEATH	145-2
county frequency 1 4	Registration Dist, No. 134
Village or City Near Mh Sh Ma	St., Ward
Length of residence In city or town where death occurred the state of the course of th	death occurred in a horpital or institution, give its NAME instead of street and number) ds. Howlong in U. if of foreign blith?
2. FULL NAME Odna Olina let	I llasta
(a) Residence: No. Mh Shi Marn	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the world) 54. If married, widowed or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of Francis Q. Shork	22. HEREBY CERTIFY, That I attended deceased from 4-7-134, to 4-17-134
6. DATE OF BIRTH (month, day, and year) July 22 - 1906	I last saw h_alive on 4-17-34, 19 ; death is said
7. AGE Years Month's Days If LESS than	to have occurred on the date stated above, at
8 43 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were possible follows:
8. Trade, profession, or particular kind of work done, as SPINNER because SAWYER, BOOKKEPER, etc.	Personalis 4-8-34
9. Industry or business in which	1773x
work was done, as SILK MILL Cen There	
O 10. Date deceased last worked at this occupation (month and 11. Total time (years) spant in this occupation occupation occupation.	
mak the her	Other Contributory Causes of Importance:
12, BIRTHPLACE (city or town) (State or country)	
W 13, NAME Tosekh Betased -	
14. BJRTHP(ACE (city or town) formal laboration)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Churcal exam Was there an au'opsy?
TE 15. MAIDEN NAME TO BE 3. Sorley	23. If death was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Transles Shape Ma	Specify whether Injury occurred In INDÚSTRY, in HOME, or In PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mr. Sh. Mary Rate Res. 19 134	Manner of injury
had been a second of the secon	Nature of injury
19. UNDERTAKER 1. Deleage Con (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Still 8, 1934 M.F. Struff. Registrar.	(Signed). W.R. Cash M.D. (Address) Enumbring, M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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- 10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related caus of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
A Brillian A				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroentcritis	1 year	
			1	

1. PLA	CE OF DEATH,	1	CERTIFICATE OF DEATH
	ge or City Contr	wille und	Registration Dist, N
2. FUL	h of residence in city or town when	e death occurredyrsmo	f death occurred in a hospital or institution, give its NAME instead sds. How long in U.S. if of foreign birth?y
(a) F	Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city
PEF	RSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF
Sex Semanting Sa. if merried	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month)
(or) WI	ND of	Migg	22. I HEREBY CERTIFY, The
6. DATE OF	BIRTH (month, dey, and year)	July 7 1876	I lest sew h elive on
7. AGE	Years Months 9	Days If LESS than I day,hrs. ormin.	to heve occurred on the date steted above, at The PRINCIPAL CAUSE OF DEATH end releted causes of Imwere es foltows:
8. Tred	e, profession, or perticuler ind of work done, as SPINNER, AWYER, BDDKKEEPER, etc	Tourswork	Talvalar Heart di
Q V	stry or business In which vork was done, es SILK MILL, AW MILL, BANK, etc	*	Chan
-	deceesed lest worked et his occupetion (month end ear)	11. Total time (years) spent in this occupetion	,
	ACE (city or town)		Dther Coutributory Causes of Importence:
出 13. NAM	D. P. L. Q.	the	cocin mains
4 14. BIRT	HPLACE (city or town) State or country)	mel	Name of operation
I	DEN NAME Maria	h - unknown	23. If deeth wes due to external causes (VIOL ENCE) fill in also
	HPLACE (city or town) Stete or country)	· N	Accident, suicide, or homicide? Date of i

03539

. /	92-00	
ich	Registration Dist. No/4/	
	No. St., 'f death occurred in a hospital or institution, give its NAME instead of street and number)	
m where death occurredyrsmos	sds. How long in U.S. if of foreign birth?yrsmos	ds.
The Jurile Shrie	Al.	
/ //	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
ACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (193	(ar)
& Migg	22. HEREBY CERTIFY, That i ettended decaese	
er) July 7 1876	I lest sew h; deeth	is sald
onths Days If LESS than	to heve occurred on the date steted above, at	
1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were es fottows:	-
NED -11	Date o	fonset
NER. Howework	alvalar feat dinne	
L,	Chronic	
11. Totel time (yeers) spent in this occupetion		
The	Dther Coutributory Causes of Importence:	
	Celle Aldalia Theory NA	44/2
Sutles		1.04
Inel	Name of operation Dete of What test confirmed diagnosis?	Z
rich - Markenson	23. If deeth wes due to external causes (VIOL ENCE) fill in also the following:	
·n	Accident, suicide, or homicide?	
	Where did injury occur?	
Springer	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	1
mal now may 1 10344	Manner of Injury	
- Date 19. 24 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Neture of Injury	
2 year	24. Wes disease or injury in any way sould to occupation of deceased? If so, specify	2
The state of the s	(Signed)	м. г
Registrar.	(Address)	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

19. UNDERTAKER

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	ECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	1 MAY 3 1939	July 5,1927	Peritonitis	3 days ago	
	HUREAU V. S.				
Other contributory	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SP	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 03840
1. PLACE OF DEATH	940
County Frederick	Registration Dist. No. 139
Village or City new Agatiston ma	' No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) Wds. How long in U.S. If of foreign birth?
	Dhaire
2. FULL NAME	neuman
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Sunale 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yéar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. i HEREBY CERTIFY. That I attended deceased from affail 8000 1934 to affail 2/16 1934
6. DATE OF BIRTH (month, day, end year) Long know date	Hast saw h. W. alive on Cline 2/4, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
75 1 day,hrs.	The PRINCIPAL CAUSE OF DEATII and related causes of importance were as follows:
8 Trade profession or particular	were es rollows: Date of onset
kind of work done, as SPINNER, Jamus Semples	s angua vocas: read
SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SINDUSTRY OF BUSINESS IN Which work wes done, es SILK MILL. SAW MILL, BANK, etc. 10. Date deceesed last worked at this occupation (month end spent in this spent in this	hade af ests at rains
SAW MILL, BANK, etc. 11. Totel time (years) 2 2	truca tony Knowledge
this occupation (month and 1930 spant in this occupation year)	derno past 3 yea
12 PIDTURI ACT (illeston) Frederick	Other Contributory Causes of importance:
12. BIRTIIPLACE (city or town) (State or country)	
13. NAME abdeal Strailman	
13. NAME Worker Strailman 14. BIRTHPLACE (city or town). Treducing 14. Color or country.	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Margaret Thebay	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Mary heargard Thebase 16. BIRTHPLACE (city or town) Trelling (State or country)	Accident, suicide, or homicide? Date of injury, 19,
X (State or country)	Where did injury occur?
17. INFORMANT Mis Dania V. Tunta (Address) Hyallowing Jud.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Hotels Equally Date 1, 1937	Nature of injury
19 UNDERTAKER 6. E. Coling Home	24. Was disease or Injury in any wey related to occupation of deceased?
(Address) Freduct Md	If so, specify
20. FILED afril 23, 1934 G. O. Hundricksan	(Signed) M. D. M. D.
Registrar.	(Address) A Colored Co

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
160,00	1/1			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

be properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

Exact statement of OCCUPA-

1. PLACE O	F DEATH OF			(127)	121
County	Prederick			Registration	n Dist. No. /2/
WITH Village or	City Frederic	k		No. Frederick City Hospi	tal St., Ward
Longth of re	eidanea in situ os town where	double assured to		death occurred in a hospital or institution, give its NAN	
Length of fe	b n	death occurred	Klaube	good to the control t	
2. FULL NA	ame // No 10	who no I	or work	Ward.	
(a) Reside	ence: No	(Usual place			nt give city or town and State
PERSO	NAL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICAT	E OF DEATH
3. SEX Female	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH April	72 , 193 4. (Day) (Year)
5a. If married, wido		1 2221200		(Manth)	(Day) (Tear)
HUSBAND of (or) WIFE of	Alber	t Strube		april 1- 1934 to	FY. That I attended deceased from
6. DATE OF BIRTH	(month, day, and year)	eptember	28,1882	I lest saw her alive on upre	Z. 19.3 4, death is said
7. AGE Ye	ears Months	Days	If LESS than	to have occurred on the date stated above, at_//	Am.
51	6	24	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related ca	L'A. Detectorest
8. Trada, prof	fession, or particular work done, as SPINNER, R, BOOKKEEPER, etc	Housewif	9	acute pholocyst	alu-1-
9. Industry or	business in which		M	090000	·····
SAW M	as done, as SILK MILL, ILL, BANK, etc	t Home			
10. Date decea this occ year) _	esed last worked at cupation (month end	eno	time (years) ent in this upation30		
12. BIRTHPLACE ((Stata or co	city or town)Maryle	and		Other Contributory Causes of importance:	toolier
₩ 13. NAME	W. Thomas Se	ars		,-	1 -
13. NAME	CE (city or town)			Name of operation & holecystest	my Data of 4 [2] 30
(Stata	or country) Maryla	nd		What test confirmed diagnosis?	/ Was there an au'opsy?
H 15. MAIDEN N	AME Sarah Nic	chalos		23. If death was due to external causes (VIOL ENCE)	
	CE (city or town)			Accident, suicide, or homicide?	
∑ (State	or country) Maryle	and		Whera did injury occur?	
17. INFORMANT (Address)	Mr. Albert S Near Urbana	trube		(Specify city Specify whether injury occurred in INDUSTRY, in	or town, county and State) HOME, or in PUBLIC PLACE.
18. BURIAL, CREMA	ATION, OR REMOVAL			Manner of injury	000000000000000000000000000000000000000
Placa_Mt	. Olivet Cem.	Date4/24	1/34 , 1924	Natura of injury	
19. UNDERTAKER				24. Was disease or injury in eny way related to occ	upation of deceased? No
(Address)	Frederick Me	ryland	0. 1.	If so, specify (Signed)	Amich
20. FILED 2 3 G	efect, 1984 for	ajome	Registrar.	(Signed) Little (Address) Little	rick mod M.D.
	If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. N	√o. z.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	E 10 E
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1934	July 5,1927	Peritonitis	3 days ago
BELPEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

1	
t _a	
F	

AGE should be stated EXACTLY.

mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA-

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
HTA		<u> </u>		

1	1 .	0,	C	10	0	
1	J	()	0	4	2	

1. PLACE OF DEATH	(82-0)
County Frederick	Registration Dist. No. 132
Village or City Middle town	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	os.
2. FULL NAME JULIA TOYEL	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	// (33)
(or) WIFE of Samuel Tover	22. I HEREBY CERTIFY. The t attended deceased from
6 DATE OF RIPTH (month day and year) al 1+ 1854	l last saw h a alive on 4500 9 1934: death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw have alive on
Approx. 80 Unitrown Iday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
R Trade profession or particular	were as follows: Date of onset
kind of work done, as SPINNER, House	
9. Industry or business in which work wes done, as SILK MILL,	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) trederick	Other Conditionery Causes of Importance:
(State or country)	
13. NAME 14. BIRTHPLACE (city or town) 14. City or town)	
14, BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
E 15. MAIDEN NAME	23. If death wes due to externat causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or lown)	Accident, suicide, or homicide?
E 1-	(Specify city or town, county and State)
17. INFORMANT STATE OF COLUMN (Address) Mild de Colonia Coloni	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Suckeystown Date April 5, 193x	Nature of injury
19. UNDERTAKER OT K. Gladkall	24. Wes disease or injury in eny way related to occupation of deceased?
(Address) Med Alexander	If so, specify
20. FILER ST. 5- 1934D Granger Janes	(Signed)
Registrar.	(Address) Michelle Wille

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 - March of 1930 c			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

1. PLACE OF DEATH County TABLELUCK County (II death secured in a keepstal on insufficient, are of NAME inhand of street and number) Village or City of LUILLUCK (II death secured in a keepstal on insufficient, are of NAME inhand of street and number) Length of residence in city of yours where death occurred (II death secured in a keepstal on insufficient, are of NAME inhand of street and number) J. FULL NAME (II) of the original original of the original origi	STATE OF MARYLAND—	CERTIFICATE OF DEATH 03843
Village or City fructuals 11 (II death accordered in a beoptial or insulfacion, give git NAME infland of street and number) Length of residence in gity grown where death accurred 12 (II death accordered in a beoptial or insulfacion, give git NAME infland of street and number) (a) Residence: No. I let 12 (II) and I length of the Street of the Control of the Contr		
Village or City fructual 1	County Fredericks	Registration Dist. No. 12/
Length of residence in gity offorw where death occurred. (a) Residence: No. LILLL VILLE STATISTICAL PARTICULARY PERSONAL AND STATISTICAL PARTICULARY S. Ward. J. S. W. Ward. J. C. COLOR OR RACE S. OMPLVORED: (win't the word) S. If Interrection give city or town and State MEDICAL CERTIFICATE OF DEATH J. S. W. A. COLOR OR RACE S. OMPLVORED: (win't the word) S. If Interrection of the country of the co		No. Fredk City Habital St., Ward
(a) Residence: No. Petta Malabeed abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OPPINORS (In the world) 5. Hogging, welcomed, or dissessed 6. DATE OF BIRTH (shouth, day, and year) 7. AGE Years Months Days 1 (LESS ten 1 days, makes 1 days, ma		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR, RACE 5. SEMPTE, MARRIED, MymoryLD, Cypit Death 4. COLOR OR, RACE 5. SEMPTE, MARRIED, MymoryLD, Cypit Death 4. COLOR OR, RACE 5. SEMPTE, MARRIED, MymoryLD, Cypit Death 5. If married, ventured, or diseased of the Color of the Sempte of Cypit Death 5. If married, ventured, or diseased of the Color of the Sempte of Cypit Death 5. If married, ventured, or diseased of the Color of the Sempte of Cypit Death 5. If married, ventured, or diseased from the Sempte of Cypit Death and related causes of importance verter as follows. 5. Trade, profession, or particular and the Sempte of	2. FULL NAME Phoda agnes Th	onyeson,
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR, RACE 5. SEMPTE, MARRIED, MymoryLD, Cypit Death 4. COLOR OR, RACE 5. SEMPTE, MARRIED, MymoryLD, Cypit Death 4. COLOR OR, RACE 5. SEMPTE, MARRIED, MymoryLD, Cypit Death 5. If married, ventured, or diseased of the Color of the Sempte of Cypit Death 5. If married, ventured, or diseased of the Color of the Sempte of Cypit Death 5. If married, ventured, or diseased of the Color of the Sempte of Cypit Death 5. If married, ventured, or diseased from the Sempte of Cypit Death and related causes of importance verter as follows. 5. Trade, profession, or particular and the Sempte of	(a) Residence: No. Peters 3/Ille nille	St. Ward.
3. SEX 4. COLOR OR RACE ON STANGED Consistence would ON STANGED CONSISTENCE ON STANGED C	(Usual place of abode)	
5. If married, provined, or disserved Home of Corr Wife of The Thomas The Patricial Corr Wife of The Thomas Thomas The Patricial Corr Wife of The Thomas Thomas The Patricial Corr Wife of The Thomas The Patricial Corr Wife on the date stated above, at 10 Mem. 8. Trade, profession, or particular Kind of work done, as 5 Pinner, for which the Corr Wife of Wife State of Country or Business in which cocupation of the Coatributery Causes of importance were as follows: 9. Industry or Business in which can be compation as the coccupation of the Coatributery Causes of importance were as follows: 11. Total time (wests) The Patricial Country or Business in which cocupation of the Coatributery Causes of importance were as follows: 12. EIRTHPLACE (city or town) Coatributery Causes of importance: 13. NAME The Patricial Country or Business in which cocupation as the cocupation of the Coatributery Causes of importance: 14. BIRTHPLACE (city or town) Coatributery Causes of importance: 15. BIRTHPLACE (city or town) Coatributery Causes of importance: 16. BIRTHPLACE (city or town) Coatributery Causes of importance: 17. INFORMANT Manual Coatributery Causes of importance: 18. BURIPPLACE (city or town) Coatributery Causes of importance: 19. It death was due to extend causes (VIOLENCE) fill in also the following: 19. It death was due to extend causes (VIOLENCE) fill in also the following: 19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 18. BURIPPL Coatributery Causes or injury in any way related to occupation of deceased? 19. UNDERTAKER Coatributery Causes or injury in any way related to occupation of deceased? 19. Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE 19. Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE 19. Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE 19. Spec		
8. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than Iday. hts. hts. hts. hts. hts. hts. hts. hts.	Remale White OPPIVORCED ("write the word)	Wares of 193 by
E. DATE OF BIRTH (plointh, day, and year) 7. AGE Years Months Days IT LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, hower of the principal causes of importance were as follows: SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation growth and cortipation as specify in this, specify in the confirmed diagnosis? Was there an autopay? What test confirmed diagnosis? Was there an autopay? What test confirmed diagnosis? Was there an autopay? What test confirmed diagnosis? Name of operation. Sociolation or country. S	(or) WIFE of John Thompson.	(1 12 - 34)
7. AGE Years Months Days If LESS than 1 day. 1 day. 1 day. 1 the PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Which of work done, as SPINNER, for use were as follows: 9. Industry or business in which work was done, as SILK MILLE FAME, etc. 10. Date deceased last worked at your work, etc. 11. Total timp (years) 12. BIRTHPLACE (city or town) (State or country) 13. NAME TOLORICAL TOWN OF TOWN	6. DATE OF BIRTH (month, day, and year) Sel 22 1889	
8. Trade, profession, or particular kind of work done, as SPINNER bound Wife as follows: SAWYER, BOKKEPER etc. 9. Industry or business in which work was done, as SPINNER bound Wife as SPINNER box was done, as SPINNER box was done to external causes (VIOLENCE) fill in also the following: 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAN COMMINION, BR REQUINE (Address) 19. Was there an autopsy) Manner of injury Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 19. UNDERTAKER (Address) 19. What L. 19.84 Date of Public Place Were as follows. What test continues of importance: What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? Was the autopsy and a the autopsy autops	7. AGE Years Months Days If LESS than	1/ 1. 30/4
8. Trade, profession, or particular solutions of the state of the stat	5 5 / ormin.	were as follows:
9 Industry or business in which work as done, as SILK MILL JOURS (State or coupting) (8. Trade, profession, or particular kind of work done, as SPINNER, House Wife	A started
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city of town) (State or country) 17. INFORMANT 18. BURIAL 18. BURIAL 18. BURIAL 19. UNDERTAKER	9. Industry or business in which work was done, as SILK MILL House Treeses	
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city of town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAN, CROMATION, OR REGIONAL 18. BURIAN, CROMATION, OR REGIONAL 18. BURIAN, CROMATION, OR REGIONAL 19. UNDERTAKER	apopt in this A	
(State or country) 13. NAME TREDERICA Confirment	, your,	Other Coutributory Causes of importance:
13. NAME TREBLETICLS TO FIRM 14. BIRTHPLACE (city or town). 15. MAIDEN NAME 16. BIRTHPLACE (city of town). (State or country) 17. INFORMANT (Address) 18. BURIAN, CREMENTION, OR RESIDUAL (Address) 19. UNDERTAKER (Address) 20. FILED & Chrill. 19. UNDERTAKER (Address) 20. FILED & Chrill. 18. Date of Lord Canada and part of the pa		Church Lake
What test confirmed diagnosis? Was there an autopsy? Market was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or confirmy) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 3 20. FILED 3 21. MAIDEN NAME What test confirmed diagnosis? Was there an autopsy? Market and autopsy? Market was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) M. D. Registra.		Chromat Kesherto 1 W
What test confirmed diagnosis? Was there an autopsy? Market was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or confirmy) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 3 20. FILED 3 21. MAIDEN NAME What test confirmed diagnosis? Was there an autopsy? Market and autopsy? Market was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D. Registra. (Address) Market est confirmed diagnosis? Was there an autopsy? Market was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury Network of Injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D. Registra.	14. BIRTHPLACE (city or town)	Name of operation
16. BIRTHPLACE (city of town) Accident, suicide, or homicide? Date of Injury 19.	(State or country)	What test confirmed diagnosis?
16. BIRTHPLACE (city of town) Co Milk Accident, suicide, or homicide? Date of Injury 19.	15. MAIDEN NAME Jennil Sofieth	23. If death was due to external causes (VIOLENCE) fill in also the following:
Where did injury occur? (Specify city or town, county and State) 17. INFORMANT TON Short (Address) 18. BURIAN, CREMATION, OR READVAL Manner of injury 19. UNDERTAKER TO Short (Address) 1	[16. BIRTHPLACE (city of town)	Accident, suicide, or homicide?, Date of Injury, 19
17. INFORMANT JUNE CANADA Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAN, CREMATION, OR RESTOURL MANUE. Date Of PUBLIC PLACE. Manner of injury. 19. UNDERTAKER J. LOGICAL J. 19.34 19. UNDERTAKER J. LOGICAL J. 19.34 19. UNDERTAKER J. LOGICAL J. 19.34 24. Was disease or injury in any way related to occupation of deceased? 16 so, specify (Signed) J. Logical J. M. D. Registra. (Address) J. Logical J. Logical J. M. D. (Address) J. Logical J. Logica	(State or country)	
20. FILED 3 Alrel, 1984 Oras J. McCurry. 20. FILED 3 Alrel, 1984 Oras J. McCurry. Registrate. Nature of injury. Nature of injury In any way related to occupation of deceased? 24. Was disease or injury In any way related to occupation of deceased? (Signed). (Address).		Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
19. UNDERTAKER J. Sachells. (Address) 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address) (Address) (Address)	Value of the control of the state of	Manner of injury
20. FILED 8 While, 1984 Orea & melinely (Signed) (Address) Author Carry M. D. Registra. (Address) Authority Ph. L.	Date Jeun Hanny Date Jew 4, 1934	Nature of Injury
20. FILED 3 afril , 1984 door of melinely (Signed) As Glastin Carry M. D. Registra. (Address) Audening the		
	20. FILED 3 alrel 1984 Jora I mcking	(Signed)

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

County Fuede	inch		Registration Dist. No.
Village or City 9 or Le	101	No.	registration Dist. No
		death occurred in a hospital or iostitution,	give its NAME instead of street and num
Length of residence In city or town where death	occurredmos	ds. How long in U.S. if of fore	ign birth?yrsmos
2. FULL NAME Jeley	- 5 Juac	4	
(a) Residence: No.	Al ma	St., Ward.	W1
PERSONAL AND STATISTICA	(Usual place of abode) L PARTICULARS	MEDICAL CERT	If nonresident give city or town and St TIFICATE OF DEATH
3. SEX 4. COLOR 94 RACE 5. S	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH ,	1
male White	OR DIVORCED (write the word)	agery	onth) (Oey)
5a. If married, widowed, or divorced HUSBAND of			,
(or) WIFE of Assler C	Im dracy	HEREBYC	ERTIFY, Thet intended dec
6. DATE OF BIRTH (month, day, and yeer)	X29 1459	I lest sew h alive on	Est 10 134
7. AGE Yeers Months	Oays If LESS then	to have occurred on the date steted ebo	
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Yeers Months Trede prefession or particular	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH an were as follows:	d related causes of importance
Irede, prefession, or particular kind of work done, es SPINNER.		boconous	/ levantos &
SAWYER, BOOKKEEPER, etc.	wore		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
10. Date deceased lest worked at this occupetion (month end	11. Total time (years) spent in this		
	occupetion	Other Contributory Causes of Importence	g:
12. BIRTHPLACE (city or town)	eich Co.	,	
12. BIRTHPLACE (city or town) Filed (State or country) 13. NAME Pelw Trace			***************************************
	4		
14. BIRTHPLACE (city or town) (State or country)	theron to	Neme of operation	Oete of
15. MAIOEN NAME Annie	8:1	Whet test confirmed diegnosis? 23. If deeth wes due to externel ceuses (
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	L'al P.	Accident, suicide, or hor are	
16. BIRTHPLACE (city or town) (State or country)	wen co	Where did injury occur?	
	The	Specify whether injury occurred in INO	Specify city or town, county and State) USTRY, In HOME, or In PUBLIC PLACE
(Address)	ture It		
Blow Jack Better	ate 8 da 12 1934	Manner of injury	
19. UNDERTAKER Eurory Fr	ate. Uga - 13 1964	Nature of injury	
19. UNDERTAKER (Address)	47181	24. Was diseese or injury in eny wey re	lated to occupation of deceased?
1 12 2 2 2 1 4	F16/15	If so, specify (Signed)	2 stellas
20. FILEO What: 13, 1924 - 15	Registrar.	(Address)	1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0
County Frederick	Registration Dist, No. 137
Village or City Le Crest Callogo	
	NO. St., War f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. d
(a) Residence: No. (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) The second of the second or divorced o	21. DATE OF DEATH (Day) (Year)
HUSBAND of Ocharlotte Turner	22. July 1/933 19 Chal 2 1939
6. DATE OF BIRTH (month, day, and year) Fe 6.5 1853	I dist sew h. Len alive on apr/21 193 4 death is sa
7. AGE Years Months Deys If LESS then	to have occurred on the dete stated above, at
8/ 1 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
NOTE A STANDARD OF THE STANDAR	Coronary Thrombosis Cp12
10. Date deceased last worked et this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) Kanana XV. 11	Other Coutributory Causes of Importance:
(State or country)	Chy, Valvular Hear
13. NAME Onknows	disease
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosic? Was there an au'opsy?
15. MAIDEN NAME Sallie Turner	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) CState or country)	Accident, suicide or homicide?
17. INFORMANT Charlotte Torner (Address) Wildeleway	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Town Those The Date APXILLE 1994	Manner of injury
19. UNDERTAKER ST. K. Dadlie	24. Was disease or Injury in any way related to occupation of deceased?

If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street Baltimore, Requesting U. S. No. 1.

Registrar.

V. S. No. 1

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(Address)

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonilis	3 days ago
	(
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

2. FULL NAME (a) Residence: No. MARYLAND TUBERCULOSIS SANATOR (b) Residence: No. MARYLAND TUBERCULOSIS SANATOR (b) Residence: No. MARYLAND TUBERCULOSIS SANATOR (c) Wundplace of abords (c) MARYLAND TUBERCULOSIS SANATOR	Registration Dist. No. 39 St., Ward St., Ward St., Ward St., Ward noccurred in a horpital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth? yrs. mos. ds. Ward. Brandwine Md
Village or City State Sanatorum Length of residence in city or town where death occurred yrs 2 mos. 4 2. FULL NAME ARYLAND TUBERCULOSIS SANATOR (a) Residence: No. MARYLAND TUBERCULOSIS SANATOR (Usual place of abords) MARYLAND TUBERCULOSIS SANATOR (Description of the content of the cont	St., Ward spot of institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs 2 mos. 4 2. FULL NAME COLUMN SANATOR (a) Residence: No. MARYLAND TUBERCULOSIS SANATOR (Uwel place of sheets) 1 M MD	occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME WARYLAND TUBERCULOSIS SANATORY (a) Residence: No. MARYLAND TUBERCULOSIS SANATORY (Usual place of shorts) 1 M MD	
2. FULL NAME MARYLAND TUBERCULOSIS SANATOR (a) Residence: No. MARYLAND TUBERCULOSIS SANATOR (Undelplace of about) IM MD	selz Branduwine Md
(a) Residence: No. MARYLAND TUBERCULOSIS SANATOR	Ward Brandwine Md
(Uwal place of abords)	St., ward.
	If nonresiden ave city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	DATE OF DEATH () MAIL 9 4
finale winte single	(Mon(s) (Day) (Year)
5b. If married, widowed, or divorced HUSBAND of (or) WIFE of	I HEREBY CERTIEY, That I attended deceased from
1 1 1 1 1 1 1 1	Jan 29, 1934, 10 Cypril 2, 193
Similar (month, day, and year)	ast saw h LL elive on Cyul 2 , 1934; death is said
	have occurred on the date stated above, at 1.30 F.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
/ / 6 / Z ormin. were	pre as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Yousework ASAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	ulmonary Laker culosis
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at	The control of the control of
10. Date deceased last worked at this occupation (month of the company of the com	
12 Other Dra land Other	ther Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Carry (State or country)	WHO CHOM A COMMONTO
# 13. NAME William Volla	modern as daying in
13. NAME Willam Volla 14. BIRTHPLACE (city or town) Winnesota Nam	ame of operation none Date of
(State of Country) What	hat test confirmed diagnosis? Lut X194 Pos Was there an au'opsy? Was
15. MAIDEN NAME Ema Gille 23. If	If death was due to external causes (VIOLENCE) fill in also the following:
	cident, suicide, or homicide?, 19, 19, 19
(State or country) When	here did injury occur? (Specify city or town, county and State)
17. INFORMANT WM. VOLOS. Spec	ecify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
19 BIRDIAL CREMATION OF REMOVAL	anner of Injury
Blace 11 UM. Dec - para lungariotion	ature of injury
19 UNDERTAKER HUNT & RYON, 24. W	Was disease or injury in any way related to occupation of deceased?
1140	so, specify A + + + A / //
20. FILED. 4 1 19	(Signed) Delward D- Shaffer M.
Registrar. If more blanks are needed, address State Registrar, 2411 N	(Address) Hale Sanaloukh Md.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	S Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

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	infor-	state	UPA.
	o ma	plnous	E OCCI
,	ij	70	0
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
	RECO	. PH	Exact
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RGIN RESERVED FOR BINDING	IANEN	ACTI	ssified.
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A	PF	-	rly
)R	4	ted	be
F	IS	sta	pro
A	SI	pe	pe
VE	TH	P	A
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STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF DEATH Frederick			Registration Dist. No.	144
2	Village or City 1002. Length of residence in city or town LVely	where deeth occurred	yrs. II mos		St., Ward
	(a) Residence: NoN @	ar Mount	aindale-	St., Ward. If nonresident give city or t	own and State
	PERSONAL AND STA	TISTICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DE	ATH
	Femal 4. Color or RA		ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH April (Month) (Day)	193 4 (Year)
3a.	If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, Thet I March 24, 19 34 to April	attended deceased from 4, 19 34
6. 1	DATE OF BIRTH (month, day, and year	, April	I6th. 1933		19. 34; death is said
7.	AGE Years Mor		If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 7 • 30 Pen. The PRINCIPAL CAUSE OF DEATH end related causes of importa were as follows:	nce Date of onset
ATION	Trade, profession, or particular kind of work done, as SPINN SAWYER, BDDKKEEPER, etc. Industry or business in which			Measles	3/19/34
OCCUPATION	work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and year)		el time (years) spent in this secupation		
12.	BIRTHPLACE (city or town) Ne (State or country)	dk. Co	aindale MD	Other Cautributary Causes of Importance: Broncho-pneumonia	3/24/34
ER	13. NAME James Fra	nklin We	ddle		
FATHER	14. BIRTHPLACE (city or town) (State or country)	ountainda dk Co. M		Name of operetion What test confirmed diagnosis? Was t	
MOTHER	I6. BIRTHPLACE (city or town)-FT (State or country) James FT INFORMANT	anklin W		23. If death was due to external causes (VIDLENCE) fill In elso the Accident, suicide, or homicide? Date of injury Where did injury occur?(Specify city or town, county Specify whether Injury occurred in INDUSTRY, in HOME, or In PU	following: y, 19 y and State)
	(Address) BURIAL, CREMATION, OR REMOVAL Place LeWistown	Date Apr	il 6th ₁₉ 34	Manner of injury	
19.	UNDERTAKER (Address) FILED April 6, 1934	Croager nt in D Anna?	N. Jones Registrar.	24. Was disease or injury in any way related to occupation of dece If so, specify (Signed) (Arteress) (Arteress)	ased? No M. D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
May 3 4839			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(53)
County Iredericle	Registration Dist. No. 131
Village or City M outerre Hospital	No montecue frofittate, Ward
(If Length of residence in cily oc lown where deeth occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
	for the foliage in the state of
2. FULL NAME Saly Weedon	no manney
(a) Residence: No. Filalia (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Colored OR DIVORCED (write the word)	21. DATE OF DEATH April 27 , 1937 +
5e. If married, widowed, or divorced HUSBAND of	(month) (bay) (iqui)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
C DATE OF PURTY (l last sew h alive on 19 19 death is said
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	I last sew h; death is said to have occurred on the date stated above, at/@m.
1 day,3_hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
9 Trade profession or particular	were as follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	0
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Aromeline_
	6/2200 cle
10. Dato deceased last worked at this occupation (month and year)	
- Migane a	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) We arrive a country)	
# 13. NAME Harry Weedow	
14. BIRTHPLACE (city or town) The angla	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
I 15. MAIDEN NAME GO SE Thomason	23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Grace Thompson 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
X (State or country)	Where did injury occur?
17. INFORMANT James a Jones Sunt.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Montene Hoy Jed. R. M. d.	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place My Music Music Date Worl 28, 1934	Nature of injury
19. UNDERTAKER James, a. Jones kurgt. (Address) Worlewy Hospit	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED 280/s. 193 V A from Level Registrar.	(Signed) Deltaman M.D. (Address) Friday M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street ear July 5,1927 Peritonitis Other contributory causes of importance:

County - reduce	210		Registration Dist. No.	141
Village or City 18 August	ow K ma	No.	negistration Dist. No	St Ward
Length of residence in city or town where d	(1	f death occurred in a horpital or institution		reet and number)
\$6-224	eath occurred by yrs, mo	s	oreign birth?yrs	ds.
2. FULL NAME		visium		
(a) Residence: No. 1 - A -	(Usual place of abode)	St., Ward.	If nonresident give city or to	own and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CER	RTIFICATE OF DE	
3. SEX 4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Month) (Oay)	, 193 (Year)
5a. If married, widowed, or divorced HUSBANO of	711. 500			191
(or) WIFE of Hermedia	2. Merelall	1 22	CERTIFY. That I	ittended daceased from
6. DATE OF BIRTH (month, day, and yaar)	100. 30,1863	I last saw h aliva on O.	Pril 1st	1924 : death is seid
7. AGE Years Months	Days If LESS than	to have occurred on the date stated a		
1863 70 4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH : ware es follows:	and related causas of importar	Oate of enset
Note that the state of the stat	au TRR			7
S. Industry or business in which		Constant Search	smam voas	untrou
work was done, as SILK MILL, SAW MILL, BANK, atc	easterna.	10 Mustal Our	Ludd anky ca-	11-11-3
10. Oate daceasad last worked et this occupation (month and 93/	11. Total time (years) spent in this	()	- Specific Free f	S. WAND
7-1-	Occupation	Other Contributory Causes of importa	nca:	
2. BIRTHPLACE (city or town) (State of country)	of Vo	-Muna and iti		0-13
13. NAME O O O	Westall	11 Joens		7 1 7
13. NAME 14. BIRTHPLACE (city or town)	Desseue.	Name of operation	n	ate of
(State of country)	2000	What test confirmad diagnosis?	Me Was th	nara an eutopsy?NA
15. MAIDEN NAME Mary &	. allen	23. If death was due to external pauses	(VIOLENCE) fill In also the	following:
16. BIRTHPLACE (city or town)	bylember	Accidant, suicide, or homicida?	Oata of injury	, 19
Ma laba	# Ju 4 14	Where did injury occur?	(Specify city or town, county	and State)
(Address)	do Westald	Specify whethar injury occurred in IN	DUSTRY, in HOME, or in PUE	BLIC PLACE.
18. BURNAL TREMOVAL WA	traci	Manner of injury		
Place Mulensley	Oata 0 P1 . 4 . 19 3 9	Nature of Injury		
19. UNDERTAKER X 3 8 8	Jally (24. Was disaase oryinjury in any way	ralatad to occupation of decea	sed? 10
(Addiess)		If so, specify		

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronie interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1,1923 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9
County Frederick	Registration Dist. No. 13 7
Village or City Satillasville	NoSt.,Ward
Length of residence in city of fown where death occurred 23 yrs 5 mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
	Willand
2. FULL NAME Saray Pro-Ca	The state of the s
(a) Residence: ND. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha world) 5a. If merried, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Yaar)
(or) WIFE of Howard F. Willard	1 HEREBY CERTIFY, Thet I ettended decessed from
6. DATE OF BIRTH (month, day, and year) Och 31-1860	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as 15 bws; Data of one of the control of the con
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL.	Whatelus Milletie
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
yaar) Spant in this 40 yaar) occupation	Other Costributary Cause of importance:
12. BIRTHPLACE (city or town)	Other Contributary Cause of impostance: Langue
13. NAME Pram Miller	
13. NAME MILLIAM MILLI	Name of operation Date of Whet tast confirmed diagnosis: Owner a was there an autopsy?
15. MAIDEN NAME (city or town) 16. BIRTHPLACE (city or town)	23. If daath was due to axternal causas (VIOL ENCE) fill In elso the following: Accidant, suicide, or homicida?
S (State or country)	Where did Injury occur?
17. INFORMANT Savage & Dellas & Caddress) Sabillasville ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Sabillas illore Sept 5, 1934	Menner of injury
19. UNDERTAKER MI Succession of the Control of the	24. Wes disaasa or injury in any way related to occupetion of deceasad?
20. FILED April 3, 1934 6 A Sterras. Registras.	(Signad) (Addrass) Stuf Re olg Chiming,
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. (No. 1.

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Example 1	1	Example II	-catter.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MA 3 V. E			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Day)

Date of onset

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Example I		3
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of cpilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	1 year
	1915 1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

SELOSTIF TIPLES ON LY IF OF MINKITHIND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
county treasurest the paper	el) Registration Dist. No. 121
Village or City of reducity. The	No. Frederice City Hospet Ward
(II	death occurred in a hospital or institution, give its NAME instead of speet and number)
Length of residence in city or town where death occurred yrs	ds How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Baley girt Williams	
(a) Residence: No. Resources a mod	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SUGLE, MARRIED, WIDOWED, OR RIVORCED (write the word)	21. DATE OF DEATH My 19
temple white.	(nonth) (Dy) (Year)
5e. If merchan awayed, or divorced HUSBANO of	
(or) WIFE of	22. HEREBY CERTIFY That I attended deceased from
11' 10 3.1	, 19. ×, to.
6. DATE OF BIRTH (month, day, end year) H - 19 - 34 7. AGE Years Months Days If LESS than	I last se halife on
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date steted above, at / I not the PRINCIPAL CAUSE OF DEATH and releted causes of importance
4 month selver or - min.	were as follows:
8. Trade, profession, of particular kind of work done, es SPINNER,	
kind of work doffe, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and this pocupation (month and this p	A
work was done, as SILK MILL, SAW MILL, BANK, etc.	- /le / Wallel
10. Date deceased last worked at this occupation (month and spant in this	(4, my)
o this occupation (month and spant in this occupation	Mort
L. le ile Citte	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Tulluott (uff) (State or country)	
13. NAME Donalis Williams.	
± 2/ 2/ 2/	
4. BIRTHPLACE (city of town) of the state of country).	Neme of operation
	What test confirmed diagnosis? Was there an au'opsy? We
15. MAIDEN NAME Laura Virgina (Williams) 16. BIRTHPLACE (city or town) Trefluit?	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) The fluid	Accident, sulcide, or homicide?
A december 1 / 2 3	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Wouldas William	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Confident Mc	1
Plece M7 Olivas Date 20 - apr 138	Manner of Injury
0 € f 1 : 2	Nature of injury
19. UNDERTAKER 6. 6. Celin Land	24. Was disease or injury in any why telated to occupation of deceased?
(Addiess) Judenico	If so, specify
20. FILED / 9 - afeel, 19 24 Ooa meles	(Signed) M. D.
Registra	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

STATE OF MADVIAND_CEDTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 yeor
			1

1. PLACE OF DEATH	- D
county Frederick leit Hook	Betal Registration Dist. No. 12/
Village or City Frederick	No. City Statutay St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Edward Tr. Win	pigle
(a) Residence: No. Pearl Fide Co.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
male White OR D. WORCED (write the word)	21. DATE OF DEATH April (Day) (Year)
5a. Hamarned Widowed, or divorced Hosband of (or) Viffe of	22. HEREBY CERTIFY. That I attended deceased from My 1937 to World 1934
6. DATE OF BIRTH (month, day, and year) CSC-16-1898 7. AGE Years Months Days If LESS than 1 day,	I last saw h alive on
Trade profession or particular	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of one of the principal cause of the principal causes of the prin
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 4 0 2 // 11. Total time (years)	
10. Date deceased last worked at this occupation (month and 1934 spant in this year)	
12. BIRTHPLACE (city or town) Frederick Co. (State or country)	Other Contributory Causes of importance: Languages hyelities of
	mw 28
13. NAME David M. Winspigles 14. BIRTHPLACE (city or town) Trederick Com (State or country)	Name of operation Manage of appendix Clases Date of hear V. What test confirmed diagnosis? Churcal & Past Here an au opsy? W
15. MAIDEN NAME Phoebe Brady	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Frederick Co. (State or country) Md.	Accident, sulcide, or homicide?
17. INFORMANT Harm D. Winsigles (Address) Peak, Fredh C. Jud.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, OFFICIAL FIELD 14 Place W Oliver Company Date 1,1934	Manner of injury
19. UNDERTAKER C. E. Coline & Son (Addiess) Frederick Med	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED - Africe , 19 3 4 Dra melinely	(Signed) Frank Debothington M. D. (Address) Fuderit Kid.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	75200	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



STATE OF	F MARYLAND-	CERTIFICATE OF DEATH	03854
1. PLACE OF DEATH	·	160	00001
County trederick		Registration Dist. No.	3/
Village or City Ancolonia	k within the Corp	No. 205 E. 2nd	St. Ward
Length of residence in city or town where dea	about 12	If death occurred in a horpital or institution, give its NAME instead of stre	
7101111	ith occurredmo	sds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME We 140	and you	ing	
(a) Residence: No. 205 E.	(Usual place of abode)	St., Ward. If nonresident give city or to	wn and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEA	Photographic Company of the Company
3. SEX 4. COLOR OR RACE 5	ORDIVORCED (white the word)	21. DATE OF DEATH Arie 4 (Month) (Day)	, 193 4 (Year)
ie. If married widowed or diverced. HUSBANO ot			(1001)
(or) WIFE of Margaret 1	Lammond	22. I HEREBY CERTIFY hat 14	ttended deceased from
5. DATE OF BIRTH (month, day, end year) 4	7-1854	Was saw h bm alive on afril 4	9.34 : death is sale
. AGE Years Months	Oays If LESS than	have occurred on the date stated bove, at 10 Pm.	
79 11	28 I day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of important	,
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Retired	Wiferes selerosie	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oata deceased last worked at		6 hronic cycliko	
10. Oate deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation		
Floral-	10.	Other Copperbutory Causes ot importance:	
2. BIRTHPLACE (city or town) (State or country)	mo	Senstiles	42
13. NAME Herekish	young		0.4
13. NAME Hezekiah 14. BIRTHPLACE (city or town)	A. A	Name of operation Page 1	ate ofY
(State or country)	ma		ere an autopsy?
15. MAIDEN NAME Malinda	Marchen Man luknos	3. If death was due to external causes (VIOLENCE) fill in also the f	ollowing:
15. MAIDEN NAME Malinda 16. BIRTHPLACE (city or town)	mi	Accident, suicide, or homicide? Oate of injury_	, 19
(State or country)	1100	Where did Injury occur?(Specify city or town, county	and State)
17. INFORMANT Margareth (Address) Frederic	Janmond young	Specify whether injury occurred in INDUSTRY, in HOME, or in PUB	
18. BURIAL, CREMATION, OR REMOVAL	olmo Cemely	Manner of injury	
Place / resteries (Mg	Oete 7, 1934	Nature of Injury	
19. UNDERTAKER Horny & Co	holy .	24. Was disease or injury in any way related to occupation of decease	sed? No
(Address) Follolegies	ma	if so, specify Williams	ut 1
20. FILED 6-Chil , 1934 8 200	meliusle -	(Signed) Address) A. Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-A	, mo
If more ble	anks are needed, address trate Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the dcceased followed the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY 5 3239			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gustroenteritis	1 year

should state of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

03855

1. PLACE OF DEATH			98-0
County Frederick			Registration Dist. No. 131=
Village or City Near Feagaville		(1	No. Nea Feagurill
2. FULL NAME Joshua (a) Residence: No. Near	Elias Bower	rs Zimmerme	St., Ward. If nonresident give city or town and State
PERSONAL AND STATI			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Male White	OR DIVORCED (write the word)		21. DATE OF DEATH 13 (Day) (Year)
5a. If married, wi don ed, or divorced HUSBAND of (or) WHEE of Ma	HUSBAND of		22. I HEREBY CERTIFY, That I attended deceased from Capual 13, 1934 to Capual 13, 1934
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month 64 3	January J	If LESS than 1 day,	I last saw have alive on about april, 19.34; death is said to have occurred on the date stated above, at 1.30 Pm.
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, At Home SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and the properties) of the properties of		ime (years)	dilitation with phenony 4/13/39
this occupation (month and 4/34 spent in this 40 occupation 12. BIRTHPLACE (city or town) (State or country)		nt in this 40	Other Contributory Canaca of Importance:
13. NAME Joseph E. Zimmerman 14. BIRTHPLACE (city or town) (State or country) Maryland			Name of operation
15. MAIOEN NAME Mahala Stine 16. BIRTHPLACE (city or town) (State or country) Maryland			23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Mrs. Margaret R. Zimmerman (Address) Near Feagaville			(Specify city or town, county and State) Specify whether Intury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
Ptace Mt. Olivet Cem. Date 4/16/34 19			Manner of Injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER M. R. Etchison & Son (Address) Frederick, Maryland 20. FILEO 14 April 1934: Dami Curdy		Curdy	If so, specify (Signed) (Address) A Sacle of Specify (Address)
-/		Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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